

**Total and complete change can not be achieved without acquiring the proper skills.**

With appropriate consultation, the hospital will reduce the incidence of hospital acquired infections by identifying correctable process breakdowns that cause infections, and will focus hospital staff on quality issues as they emerge.

The service requires no data entry, using existing data sources and personnel. And, it produces a measurable 500% + financial return in the first year.

**Hospital Acquired S. aureus Infections:  
Excess Cost and Length of Stay**

**Case-control study of patients with hospital acquired Bacteremia with MRSA (n=8) vs. MSSA (n=11)**

	MSSA	MRSA
Increase in Attributable LOS (Days)	4	12
Increase in Attributable Cost	\$9,661	\$27,083

Abramson MA. Infect Control Hosp Epidemiol. 1999; 20:408-11

MSSA = Methicillin sensitive Staphylococcus aureus

MRSA= Methicillin Resistant Staphylococcus aureus

**This brochure provides basic general information only, and is to be used as a guide, not as a complete resource on the subject.....**

Is your Surveillance  
**PREVENTION AND**  
Control of Infection  
connected to the operating  
margin?

A cost saving process AND  
**IMPLEMENTATION**

Prepared by  
torresscook@charter.net  
Tustin, California 92780  
(714)573-5357

**Background:**

Hospital acquired infections are the fourth leading cause of death in the U.S., killing 90,000 patients each year, according to the Centers for Disease Control. In addition to this human cost, hospital infections have a major impact on operating margins.

The financial loss on the 5 percent of patients that acquired an infection while hospitalized erodes 63 percent of the average hospital's net inpatient operating profits.

**Why do hospital infections have such a large impact on operating margins?**

Across many hospitals, the CDC has compared patients with hospital infections to those patients in the same diagnostic related groupings (DRG) without hospital infections, and they have found that patients with hospital infections cost an average of **\$11,310** more in variable/direct costs, have 7.6 days longer length of stay, and have a net loss of \$5,436 more than other patients in the same DRG. A 300 beds occupancy organization with a 3.5 infection rate and an annual 80,000 patient days will have a loss net of **\$3,164,000.00**.

This impact is exaggerated by the fact that infections disproportionately occur among the Medicare population, where there is little additional reimbursement for the added cost. Medicare patients tend to be older, sicker, and are most susceptible to getting infections in the first place.

Perhaps the most disturbing facet of this trend is these deaths and adverse effects are unnecessary and avoidable. With the right intervention, the problem could be controlled and even eliminated.

SITE	Hospital acquired infection as reported by hospitals	Possible hospital-acquired infections identified in billing data
Urinary tract	6,139	69,466
Bloodstream	1,932	21,458
Pneumonia	1,335	32,090
Surgical site	1,317	4,132
Multiple infections	945	*
Total patients	11,668	115,631

*Pennsylvania healthcare cost containment council. First State report on hospital-acquired infections released in PA cost, quality issues raise grave concerns. 2004.*

**Most hospital leaders are aware of infection risks and implications on quality of care. Are they aware of the financial strain as well?**

While hospital leaders recognize that infections affect operating margin, most have no idea of the degree. In most hospitals, the Infection Control Nurse was taught to target their infection surveillance to only certain types of infection and in only certain locations of the hospital. These target approaches identify, on average, only about **one tenth** of all hospital infections that occur within the facility.

Moreover, his/her training does not convey the scope of the problem. A typical report may find for example, 2.2 ventilator associated pneumonia cases per 1000 ventilator days in ICU. But what does that mean to the quality committee? Hospital leaders related these numbers to the national average, and if is the same or better, the tendency is to be satisfied. **Being average may leave quite a lot of room for improvement**

