

February, 2008

Great news coming out of the American Journal of Infection Control! In the February 2008 issue on page 58 you will find an article entitled ***Interventional patient hygiene model: Infection control and nursing share responsibility for patient safety*** written by Dr. Maryanne McGuckin, President, MMI and Senior Scholar, Department of Health Policy Jefferson Medical College, Arlene Shubin, and Marianne Hujcs, RN, MSN.

The paper is broken into two sections, the first being the results from a 2006 survey conducted at NTI and the APIC conferences that tried to “determine the knowledge base of ICPs and nurses about the components of IPH.” The second portion is a case study that shows the increase in UTIs in correlation to the removal of a prepackaged bathing product. They also discuss the attributed cost to the increase in UTIs compared to the cost of the prepackaged bath. This article clearly defines the challenges all clinicians face in trying to manage the needs of a budget and the pressing need for improved care and products. There is no better timing for this article to surface with CMS no longer reimbursing for UTIs. Below you will find some quick highlights from the study.

HIGHLIGHTS

From the survey

- One can define IPH as a comprehensive evidence based intervention and measurement model for reducing the bioburden of both the patient and health care workers
- Results of the survey revealed a strong knowledge base of the five components of our IPH model... However, there was less knowledge of outcomes associated with the components of the IPH model. Only 66% of respondents knew there was scientific evidence showing the benefit of IPH to surgical site infections, 86% to ventilator associated pneumonia, and 75% to incontinence care.

From the Case Study

- After removal of the prepackaged bath “increasing urinary track infection (UTI) rate for one ICU from the 50th percentile to the 95th percentile.”
- “This lead to the association of UTI rate increase to the removal of the prepackaged washcloths.”
- “Basin/water can be a significant source of contamination, and for critical care patients, prepackaged systems are preferred.”
- \$7,020 saved by removing the prepackaged bath
- \$107,801 attributed to the cost of the 23 additional UTIs
- *“cost savings cannot be considered independent of clinical impact”*

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