

Every penny counts: Reducing infections improves care, cuts costs

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Patient safety is the primary objective of infection prevention but infection preventionists in a Syracuse healthcare system demonstrate how to make the business case for investing in protocols that save both money and lives, according to intervention outcomes presented at the 46th Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC) last week in Philadelphia.

Looking to decrease healthcare-associated [infection](#) (HAI) rates across their healthcare system, Infection Control Practitioners in Syracuse, New York identified chlorhexidine gluconate (CHG) bathing as a means of reducing infection rates. After conducting thorough staff training, hospital-wide use of CHG bathing for every patient was implemented, leading to significant results: a 65 percent reduction in central line-associated bloodstream infection (CLABSI), a 30 percent reduction in catheter-associated [urinary tract infection](#) (CAUTI), a 100 percent reduction in Methicillin Resistant Staphylococcus Aureus bacteremia (MRSA), and a 28 percent reduction in *Clostridioides difficile* (*C. diff*).

Estimated total cost savings fell just shy of \$515,000 between April 2017 and March 2018.

"In the lead-up to this intervention, our team was working hard at identifying ways that we could reduce HAIs across the board when we came across CHG bathing through an extensive literature review," said lead author Pearl Lavalette, MSN, RN, CIC. "Since every penny counts these days, we took the strategic approach of making a business case to

drive improvement in patient outcomes, to great success."

A task force compiled the total cost of HAIs based on a number of factors, including direct costs per infection as shown in literature reviews and the Centers for Medicare & Medicaid Hospital Acquired Condition Reduction Program penalty. While the estimated cost impact of HAI reduction during the intervention period amounted to \$514,739, CHG bathing costs totaled only \$40,114.

In addition to bathing the [patients](#), staff implemented Agency for Healthcare Research and Quality (AHRQ) recommendations to clean patient devices with CHG during the process, including cleaning external catheters six inches down from the patient, as well as lumens of central lines.

Educating staff about the CHG bathing was key to ensuring compliance. To alleviate concerns about potential skin side effects using this bathing method, the team incorporated a skincare bundle, including lotions, in the process.

"Healthcare-associated infections not only impact the patient's quality of life, but also incur a significant financial burden on an institution," said 2019 APIC President Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC. "In this intervention, the [business case](#) analysis proved that the right choice for patients also yielded a financial upside for the institution."

More information: Pearl E. Lavalette et al, Utilizing a Business Case to Link Reduction in Infections to Reduction in?Costs, *American Journal of Infection Control* (2019). [DOI: 10.1016/j.ajic.2019.04.055](https://doi.org/10.1016/j.ajic.2019.04.055)

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