



PHILIPS

Supplies

Hospital-acquired
infections

Supporting your hospital initiatives in reducing HAI

When patients come to the hospital, they expect to get better. No matter how good their care is, if they acquire an infection while in the hospital, they face longer stays, increased costs, and even the risk of death. The number of hospital-acquired infections (HAIs) in the U.S. each year is alarming – and many are preventable. Lower reimbursement rates and wider reporting mandates have increased the pressure on hospitals to reduce preventable HAIs.

The high toll of hospital-acquired infections

On any given day, around one in 25 hospital patients has at least one healthcare-associated infection.¹ Hospital-acquired infections are a serious problem and a threat to patient health:

- In 2011, there were an estimated 722,000 HAIs in U.S. acute care hospitals.¹
- About 75,000 patients with HAIs died during their hospitalizations.²

Putting a price on infection

Regardless of the reason of their initial admission, patients with an HAI often incur significant costs in expenses and length of stay:

- HAIs in U.S. acute-care hospitals lead to direct and indirect costs totaling \$96–\$147 billion annually.³
- An HAI increases the hospital care cost of a patient by \$10,375 and increases length of stay by 3.30 days.⁴
- Central line-associated bloodstream infections are the most costly HAIs per case, at \$45,814.⁵

Decreasing reimbursement

Medicare and private insurance companies have reduced or eliminated their reimbursement for certain types of infections, adding to the economic pressures on hospitals to reduce HAIs:

- Medicare guidelines deny reimbursement for some types of HAI.
- One out of every seven hospitals had their Medicare payments lowered by one percent over the 2014 to 2015 fiscal year due to high rates of infections and injuries.⁶

Finding ways to reduce risk

Research shows that when healthcare facilities and care teams consciously take specific steps to prevent infections, rates of some targeted HAIs can decrease by more than 70 percent.⁷ Device-associated infections account for a quarter of HAIs¹ and most nosocomial pathogens can persist on inanimate surfaces for weeks or even months⁸. Therefore, hospital infection control practices advisory committee (HICPAC) guidelines for transmission-based precautions state: “use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.”⁹

Philips medical supplies

As part of your comprehensive HAI policy, incorporating single use and single-patient use supplies can help support your goals in reducing HAIs. We offer a range of single use and single-patient use supplies – including blood pressure cuffs, ECG leads, and SpO₂ sensors. Adapt to your facility's needs with a wide variety of sizes for patients of all ages.

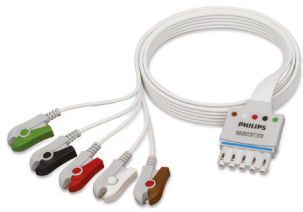


"Prevention is better than cure" – the benefits are clear in patient care. What's more, when you consider the impact on workflow, guideline compliance, and reimbursement, single use and single-patient use supplies can reveal an attractive total cost of ownership.

We understand though, that not every patient requires single-patient use supplies. If you do choose reusable

sensors, you can still help prevent cross-contamination with our easy-to-clean, immersible NBP cuffs and SpO₂ sensors. Some of our reusable supplies are even autoclavable.

Whether you reserve reusable supplies for low-risk areas or implement single use and single-patient use supplies across your care areas, we're ready to help you find flexible solutions to suit your needs.

A selection of single-patient use products

		
<p>Single-patient use ECG lead sets</p> <ul style="list-style-type: none">• Leads last up to 25 connection cycles• Compatible with telemetry and defibrillators• Lightweight, not manufactured with latex or PVC, peelable ribbon-style cable; customized fit for every patient	<p>Single-patient use SpO₂ sensors</p> <ul style="list-style-type: none">• Designed to last a single patient's average hospital stay• Variety of sensors that fit a large range of patients from large adult to pediatric patients• Comfortable wrap design for adults, infants and neonates	<p>Single-patient use NBP cuffs</p> <ul style="list-style-type: none">• Soft material for greater patient comfort• Full range of color-coded sizes• Single or double-hose models• Not manufactured with latex or PVC

References

- 1 Magill SS, Edwards JR, Bamberg W, et al. Multistate Point-Prevalence Survey of Health Care-Associated Infections. *N Engl J Med* 2014;370:1198-208. DOI: 10.1056/NEJMoa1306801.
- 2 Centers for Disease Control and Prevention. Healthcare-associated Infections: HAI Data and Statistics. <http://www.cdc.gov/hai/surveillance/index.html>. Page last updated March 2, 2016.
- 3 Marchetti A, Rossiter R. Economic Burden of Healthcare-Associated Infection in US Acute Care Hospitals – Societal Perspective. *J Med Econ* 16(12). September 2013. DOI: 10.3111/13696998.2013.842922. Source: PubMed.
- 4 Hassan M, Tuckman HP, Patrick RH, Kountz DS, Kohn JL. Cost of hospital-acquired infection. *Hosp Top*. 2010 Jul-Sep;88(3):82-9. DOI: 10.1080/00185868.2010.507124.
- 5 Zimlichman E, Henderson D, Tamir O, et al. Health Care-Associated Infections: A Meta-analysis of Costs and Financial Impact on the US Health Care System. *JAMA Intern Med*. 2013;173(22):2039-2046. DOI:10.1001/jamainternmed.2013.9763.
- 6 Rau, J. Medicare Cuts Payments To 721 Hospitals With Highest Rates of Infections, Injuries. *Kaiser Health News*. December 18, 2014. <http://khn.org/news/medicare-cuts-payments-to-721-hospitals-with-highest-rates-of-infections-injuries/>.
- 7 Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (MMWR): Vital Signs: Central Line--Associated Blood Stream Infections --- United States, 2001, 2008, and 2009. March 4, 2011 / 60(08);243-248. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6008a4.htm>.
- 8 Kramer A, Schwebke I, Kampf G. How long do nosocomial pathogens persist on inanimate surfaces? A systematic review. *BMC Infect Dis*. 2006;16(6):130.
- 9 Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>.

