Expensive Re-admissions Linked To HAIs

New research finds a strong link between healthcare-associated infections (HAIs) and patient re-admission after an initial hospital stay. The findings, published in the June 2012 issue of *Infection Control and Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America (SHEA), suggest that reducing such infections could help reduce re-admissions, considered to be a major driver of unnecessary healthcare spending and increased patient morbidity and mortality.

"Although much attention has been directed toward hospital re-admissions and healthcare-associated infections as potentially preventable conditions and targets to reduce healthcare spending, to our knowledge, no studies have directly assessed the association between the two," write the study's authors, from the University of Maryland and Oregon State University.

The researchers, led by Jon Furuno, PhD, tracked 136,513 patients admitted to the University of Maryland Medical Center over eight years (2001-2008). The study reviewed the number of patients re-admitted within one year after discharge, as well as the number of patients with positive cultures for one of three major HAIs: methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), or *Clostridium difficile* (*C. difficile*) more than 48 hours after admission, considered a proxy for an HAI.

The researchers identified 4,737 patients with positive clinical cultures for MRSA, VRE or *C. difficile* after more than 48 hours following hospital admission. These patients were 40 percent more likely to be re-admitted to the hospital within a year and 60 percent more likely to be re-admitted within 30 days than patients with negative or no clinical cultures. This disparity was evident even after controlling for variables, including age, sex, length of hospital stay, and severity of illness.

"The potential to reduce re-admissions along with other known benefits—lower patient morbidity, mortality and healthcare costs—may provide additional impetus to reduce healthcare-associated infections," Furuno said. In addition, the authors suggest patients with positive HAI cultures could be targeted to receive additional discharge planning resources to help reduce the likelihood of re-admission.

The study had several limitations. For example, the researchers were not able to track patients who were re-admitted to different facilities. However, these limitations result in a more conservative measurement of the association between HAIs and re-admission and thus, the true association between these variables is likely higher than was reported in this study.

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