

Re-hospitalization Following SSIs Add Up To \$65 Million In Healthcare Costs

Preventing further complications in patients who develop infections after surgery to replace a knee or hip could save the U.S. healthcare system as much as \$65 million annually, according to an analysis presented today at the 39th Annual Educational Conference and International Meeting of the Association for Professionals in Infection Control and Epidemiology (APIC). The research team, led by Keith Kaye, MD, MPH, corporate director of Infection Prevention, Hospital Epidemiology and Antimicrobial Stewardship at Detroit Medical Center/Wayne State University, analyzed data from health insurance claims for approximately 40 million insured individuals covered by employer-based health plans. Their goal was to uncover the rate of re-admission and the financial impact of surgical site infections (SSI) beyond the initial hospitalization.

The team chose to follow patients who had received artificial knees and hips because treatment for an infected joint can be prolonged, involving lengthy courses of antibiotics and additional surgeries. Of the 174,425 patients in the database who underwent hip or knee replacement in 2007, 1.2 percent were hospitalized for an SSI within one year following their procedure. Of those, 12.5 percent were subsequently re-hospitalized within the year after the initial SSI hospitalization due to SSI-related issues. The data also showed that 40.8 percent of patients with SSIs were hospitalized for other reasons labeled "all cause" during the year after their diagnosis.

Subsequent re-hospitalizations for SSI were associated with an average hospital stay of 8.6 days, costing on average \$26,812. Additional all-cause hospital re-admissions were associated with an average hospital stay of 6.2 days and a cost of \$31,046. According to the Centers for Disease Control and Prevention, infections develop in about one to three out of every 100 patients who have surgery.

"The prosthetic joint population was important to study because these patients are particularly vulnerable to adverse events following surgical site infections, leading to unnecessary pain, suffering and medical costs," said Kaye. "This analysis shows the devastation of these infections and probably underestimates the true extent of the problem. Given the government's focus on reducing re-admission rates, such complications could likely be a future target for decreased reimbursement."

A goal of the national Partnership for Patients is to reduce hospital re-admissions by 20 percent by the end of 2013. "What's important about the analysis by Dr. Kaye and colleagues is the report on the human suffering and financial impact of potentially preventable readmissions associated with SSI and all cause readmissions," said APIC 2012 President Michelle Farber, RN, CIC. "Infection

Re-hospitalization Following SSIs Add Up To \$65 Million In Healthcare Costs

Published on Surgical Products (<http://www.surgicalproductsmag.com>)

preventionists need to be familiar with healthcare quality incentive programs to demonstrate the value of the infection prevention program to the financial health of their organizations and patient experience."

Source URL (retrieved on 03/06/2015 - 9:47am):

http://www.surgicalproductsmag.com/news/2012/06/re-hospitalization-following-ssis-add-65-million-healthcare-costs?qt-recent_videos=0