

PROFESSION

Hospital-acquired infections linked to higher readmission rates

MRSA and *C. diff* are not just harmful infections that lengthen hospital stays. They often lead patients back after they're discharged.

By KEVIN B. O'REILLY, amednews staff. Posted May 28, 2012.

Physicians and hospitals may have another incentive to strictly follow infection-control protocols — preventing infections could lower readmission rates.

Hospital patients with a positive clinical culture for methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci or *Clostridium difficile* are 40% likelier to be readmitted within a year than other patients, said a study in the June *Infection Control and Hospital Epidemiology*. The cultures were ordered more than 48 hours after the patients' initial admission, probably in response to some sign or symptom, meaning they probably acquired an infection in the hospital, researchers said.

About 20% of Medicare patients are readmitted within a month, costing \$17.4 billion annually, according to an April 2, 2009, study in *The New England Journal of Medicine*. Hospitals with high readmission rates face up to a 1% cut in Medicare pay starting in October.

"We don't really need more reasons to prevent hospital-associated infections," said Jon P. Furuno, PhD, the study's senior author. "The cost, the patient morbidity and mortality are enough that we should be doing everything we can to reduce that burden. If we see that this association holds true — and it's fairly intuitive that patients with infections are likelier to return to the hospital — then I think that potentially reducing this burden of infections could also reduce readmissions. The patients benefit and clearly, now, we have financial incentives to try to [cut rehospitalizations] as well."

The patients with a positive clinical culture were typically readmitted within a month of discharge, compared with about two months for patients with no infection, said the study, based on an analysis of 136,513 adult patients from 2001 to 2009 at the University of Maryland Medical Center in Baltimore.

Hospitals may consider targeting patients who acquire infections during their stay as being at high risk for readmission and offer them an extra layer of discharge planning, patient education and follow-up services, said Furuno, an epidemiologist and associate professor in the Dept. of Pharmacy Practice at the Oregon State University College of Pharmacy in Portland.

Preventing infections before they occur probably will have the best payoff for hospitals and patients, Furuno said.

"If there's an additional benefit [to infection-control efforts], it's worth knowing, and it benefits both the health system and the patients," he said. "Those win-win situations are the ones we want."

ADDITIONAL INFORMATION:

WEBLINK

"Healthcare-associated infection and hospital readmission," *Infection Control and Hospital Epidemiology*, June (www.ncbi.nlm.nih.gov/pubmed/22561707/)

"Rehospitalizations among patients in the Medicare fee-for-service program," *The New England Journal of Medicine*, April 2, 2009 (www.ncbi.nlm.nih.gov/pubmed/19339721/)

"Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals," Society for Healthcare Epidemiology of America, 2008 (www.shea-online.org/guidelines/resources/compendiumofstrategiesstopreventhais.aspx)

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