

# Modern Healthcare

## Short-term 'bug' rampant

Maintaining infection-control spending imperative, despite recession

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As we weather the worst economic downturn since the 1930s, the consistent response from institutions across America has been to tighten belts.

Healthcare institutions, far from being immune to the impact of the recession, are struggling to make operational budgets work amid a simultaneous decline in patient revenue and increase in unpaid care. Like many institutions, they are developing contingency budgets and cutting costs to make ends meet.

As the economy continues to decline, healthcare institutions have cut capital spending, frozen travel for education and training, reduced staff and eliminated services. One especially distressing area of cost cutting is infection prevention—surveillance, education and application of measures that protect patients from healthcare-associated infections, or HAIs.

More than 1.7 million U.S. patients get HAIs annually, and nearly 100,000 people die from these infections. The national methicillin-resistant *Staphylococcus aureus* prevalence study published by the Association for Professionals in Infection Control and Epidemiology in 2007 showed the infection rate for this increasingly pathogenic organism to be eight times higher than previously estimated. A similar APIC study on *Clostridium difficile* prevalence indicated that this intestinal infection is sickening 10 to 20 times as many patients as once thought.

As the prevalence, mortality and cost of treating multidrug resistant organisms such as MRSA and *C. difficile* continue to rise, we are faced with fewer drugs to combat them. Treatment is an increasingly less viable option. Healthcare leaders have long known that prevention is the most effective weapon in our arsenal. With microorganisms like *Acinetobacter baumannii*, prevention is our only defense.

In addition to the human toll, we know that HAIs add more than \$20 billion to the nation's annual healthcare bill. While effective prevention requires dedicated resources, the evidence-based interventions proven to prevent HAIs typically cost a fraction of what the institution bears once those infections have occurred. The Centers for Disease Control and Prevention's landmark *Study on the Efficacy of Nosocomial Infection Control* confirmed the effectiveness and validated the cost-benefit of infection-control programs.

In addition to HAIs, we continue to face the very real prospect of a global flu pandemic. In the wake of the recent H1N1 influenza A outbreak, commonly known as swine flu,

health officials around the globe are on the alert for the emergence of a more deadly strain of the virus.

Yet despite all of these factors, infection-prevention programs across the nation are on the chopping block. A recent survey of 2,000 infection preventionists—experts in preventing the transmission of infection—indicates that prevention efforts are being undermined as a result. According to the survey, 41% of institutions have reduced infection-prevention staffing or department resources over the past 18 months.

Of those, 74% have cut budgets for the education that trains healthcare workers in preventing the transmission of HAIs. Nearly a quarter of all respondents indicate that they have decreased surveillance activities to detect, track and manage infections.

Only 20% of survey respondents have data-mining programs, or electronic surveillance systems that allow infection preventionists to identify potential clusters of infections quickly, enabling them to facilitate early interventions to protect patients. Initial investment is typically the reason given for lack of adoption, even though institutions that have implemented data-mining have found that these systems pay for themselves many times over by targeting areas for interventions that reduce infections and save money.

While reductions in infection-prevention staff and interventions may help prop up ailing operating budgets today, these cuts will only intensify the negative downstream impact. Increased length of stay, reduced reimbursement and the costs associated with treating preventable infections will erode tomorrow's bottom lines.

Beyond the dollars, HAIs carry significant human cost. They are among the top 10 leading causes of death. They also cause pain, mental and financial stress, prolonged or permanent disability, disruption to the patient and family, time lost from work, and, in many cases, years of productive life lost.

By allocating \$50 million toward the implementation of HAI reduction strategies as part of the economic stimulus package, the federal government recognized the value of investment in infection prevention. It's time for all healthcare leaders to make a similar commitment.

With deadly multidrug-resistant organisms on the rise and the specter of infectious disease outbreaks on a global scale, now is not the time to fall behind on our commitment to infection prevention.

We know that healthcare executives face complex challenges and struggle with difficult choices every day, but continued funding for appropriately trained and staffed infection-prevention departments must be a priority. If not, we all stand to lose.

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