

# Hospital infections cost \$1 billion in lost bed days

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Infections caught in hospital are costing the Australian healthcare system more than 850,000 lost bed days, according to a new study by Queensland University of Technology.

Associate Professor Nick Graves, from QUT's Institute of Health and Biomedical Innovation, said there were 175,153 cases where patients had acquired an infection during their [hospital](#) stay.

"If rates were reduced by just one per cent, then 150,158 bed days would be released for alternative uses, allowing an estimated 38,500 additional admissions annually," he said.

The results, which have been published in the Australian journal *Healthcare Infection*, calculate the [economic consequences](#) of healthcare-acquired-infections arising among admissions to Australian acute care hospitals.

Professor Graves said the research revealed there was an opportunity to improve the efficiency of the Australian [healthcare system](#).

"Acute hospitals in Australia cannot meet current demand," he said.

"Waiting lists for elective surgery and specialist outpatient appointments are lengthening in every state and territory."

Professor Graves said many infections were preventable and Australian

infection control practitioners could reduce rates if they had additional resources.

"Healthcare-acquired infection rates are about five per cent of all admissions at the moment and with bed days valued at \$1005 each, the total economic burden is close to \$1 billion per annum," he said.

Professor Graves said the bulk of the costs were faced by the most populous states of New South Wales, Queensland and Victoria.

"New South Wales loses 272,844 bed days, Victoria 232,951 and Queensland 170,126," he said.

"This accounts for almost 56,000 infection cases in NSW, 47,700 cases in Victoria and 34,900 cases in Queensland."

Lost bed days for other states and territories are: 80,619 for Western Australia, 72,753 for South Australia, 11,257 for Tasmania, 7408 for Australian Capital Territory and 7079 for the Northern Territory.

"Spending more money on infection control could reduce rates, release bed days and increase hospital throughput. This is likely to improve the efficiency of the hospital sector," he said.

Professor Graves said the next step was to investigate cost-effective ways of spending extra dollars on new and expanded research programs.

He said a national program was being undertaken to encourage healthcare workers to wash their hands before and after touching every patient, which had the potential of being effective at reducing [infection](#) and cost-effective.

Source: Queensland University of Technology ([news](#) : [web](#))

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