

# Expensive hospital readmissions linked to health-care-associated infections

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New research finds a strong link between healthcare-associated infections (HAIs) and patient readmission 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 readmissions, considered to be a major driver of unnecessary healthcare spending and increased patient morbidity and mortality.

"Although much attention has been directed toward [hospital](#) readmissions 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 8 years (2001-2008). The study reviewed the number of patients readmitted 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 readmitted to the hospital within a year and 60 percent more likely to be readmitted 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 readmissions 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 readmission.

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

**More information:** *Infection Control and Hospital Epidemiology* 33:6 (June, 2012)

Provided by Society for Healthcare Epidemiology of America

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