

Hospital-acquired conditions lengthen stays, add costs in kids

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(HealthDay)—Hospital-acquired venous thromboembolism (VTE) and catheter-associated urinary tract infection (CAUTI) are associated with increased length of stay (LOS) and costs in pediatric inpatient populations, according to a study published online Aug. 10 in *Pediatrics*.

Anthony Goudie, Ph.D., from the University of Arkansas in Little Rock, and colleagues utilized the Nationwide Inpatient Sample to identify children (ages 1 to 17 years) with inpatient discharges and used *International Classification of Diseases, Ninth Revision, Clinical Modification* codes to determine hospital-acquired conditions. A high dimensional propensity score matching method adjusted for case-mix at the patient level, allowing for analysis of the differences in the LOS and costs for comparable pediatric [patients](#) with and without common hospital-acquired conditions (VTE, CAUTI, and pressure ulcer[PU]).

The researchers found that incidence rates were 32 (VTE), 130 (CAUTI), and three (PU) per 10 000 at-risk patient discharges. Patients with VTE had 8.1 more inpatient days and \$27,686 of excess average costs versus matched controls. CAUTI patients had 2.4 more inpatient days and excess average [costs](#) of \$7,200. There were no statistical differences between patients with and without PU.

"The significantly extended LOS highlights the substantial morbidity associated with these potentially preventable events," the authors write. "Hospitals seeking to develop programs targeting VTE and CAUTI should consider the improved turnover of beds made available by each event prevented."

More information: [Abstract](#)
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