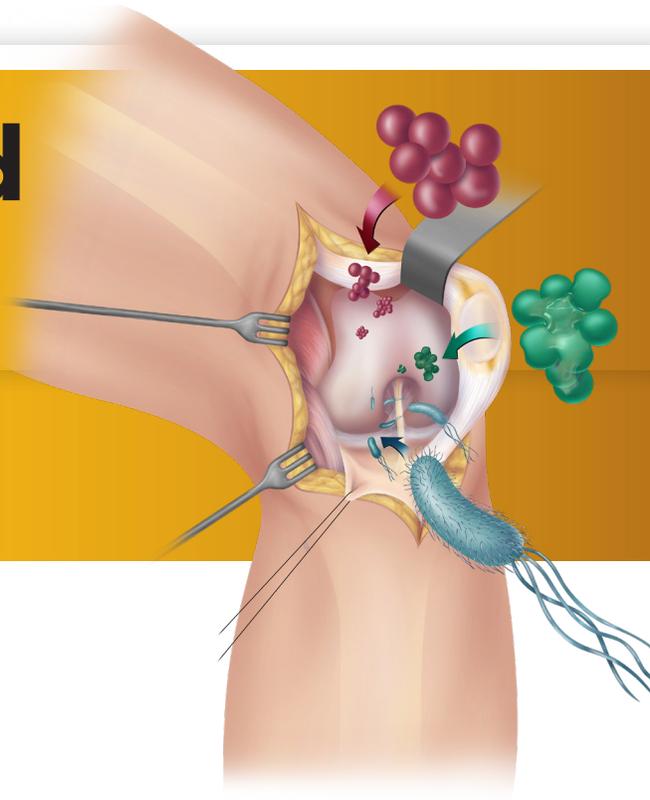


# Hospital-acquired conditions (HAC)

A multistate prevalence survey published in the *New England Journal of Medicine* found the most common types of hospital-acquired infections (HAI) are surgical site infections (SSI) at 22% and pneumonia at 22%.<sup>1</sup>



## The prevalence and cost of SSIs

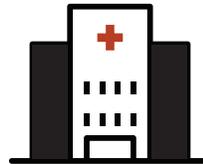
Occur in

**2-5%**

of patients undergoing inpatient surgery<sup>2</sup>



**#1** reason for unplanned readmission<sup>3</sup>



### Clinical outcome:

A study published in the *Journal of the American Medical Association* examined the effect of a decontamination protocol on SSIs in patients undergoing elective orthopedic surgery with hardware implantation and found:<sup>5</sup>

**SSI:**

**70% ↓**  
decrease

**MRSA-caused SSI:**

**100% ↓**  
decrease



**22%** of all HAIs in hospitalized patients.<sup>1</sup>

Costs range from **\$3.5B - \$10B** per year<sup>2</sup>

Up to

**300,000**

occur per year<sup>2</sup>



**7-11** days increased length of stay

# The prevalence and cost of post-op pneumonia

**2.7%**  
of general and vascular  
surgery patients acquire  
post-operative pneumonia<sup>6</sup>

Hospital-acquired pneumonia  
increases **total hospital costs**  
**\$28,000**<sup>7</sup>

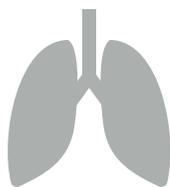


**3.6%**  
of surgical patients  
were readmitted due to  
pulmonary complications<sup>3</sup>



Hospital-acquired  
pneumonia  
increases LOS  
**↑ 11** days<sup>8</sup>

Pulmonary  
complications  
are the  
**4th**  
most frequent reason  
for unplanned readmission<sup>3</sup>



**Mortality rate**  
for patients with non-ventilator  
hospital-acquired pneumonia  
and ventilator-associated  
pneumonia is  
**19%**<sup>8</sup>

## Clinical outcome:

A hospital-acquired pneumonia  
Prevention Initiative (HAPPI) poster  
presented at AORN 2016 found:<sup>9</sup>

**75%** ↓  
**reduction in**  
post-op pneumonia

**\$3.4M**  
**saved**



## Pre-op prepping system

Our early prepping systems help address infection risk factors  
on three main reservoirs of bacteria: **the nares, oral cavity,**  
and **skin**. This can help standardize your pre-op approach for  
maximum efficiency and enhanced compliance to protocol.

Scan code for  
more information



**References:** 1. Magil, S.S., Edwards, J.R., Bamberg, M.D., et al. (2014). Multistate Point-Prevalence Survey of Health Care-Associated Infections. *N Engl J Med*, 370(13), 1198-1208. doi: 10.1056/NEJMoal306801. 2. Anderson, D.J., Podgorny, K., Berrios-Torres, C.S.I., et al. (2014 Jun.). Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update. *Infect Control Hosp Epidemiol*, 36(6), 605-627. doi: 10.1086/676022. 3. Merkow, R.P., Ju, M.H., Chung, J.D.W., et al. (2015 Feb. 3). Underlying reasons associated with hospital readmission following surgery in the United States. *JAMA*, 313(5), 483-95. doi: 10.1001/jama.2014.18614. 4. Bebko, S.P., Green, D.M., and Awad, S.S. (2015 May). Effect of a Preoperative Decontamination Protocol on Surgical Site Infections in Patients Undergoing Elective Orthopedic Surgery With Hardware Implantation. *JAMA Surg*, 150(5), 390-5. doi: 10.1001/jamasurg.2014.3480. 5. Guillamondegui, O.D., Gunter, O.L., Hines, L., et al. (2012 Apr.). Using the National Surgical Quality Improvement Program and the Tennessee Surgical Quality Collaborative to improve surgical outcomes. *J Am Coll Surg*, 214(4), 709-14. doi: 10.1016/j.jamcollsurg.2011.12.012. 6. Kalsekar, I. (2010 Oct.). Economic and Utilization Burden of Hospital-Acquired Pneumonia (HAP): A Systematic Review and Meta-analysis. *Chest*, 138(4 Meeting Abstracts), 739A. doi: 10.1378/chest.10337. 7. Thompson, D.A., Makary, M.A., Dorman, T., et al. (2006 Apr.). Clinical and Economic Outcomes of Hospital Acquired Pneumonia in Intra-Abdominal Surgery Patients. *Ann Surg*, 243(4) 547-52. doi: 10.1097/01.sla.0000207097.38963.3b. 8. Davis, J. and Finley, E. (2012 Sep.). The Breadth of Hospital-Acquired Pneumonia: Nonventilated versus Ventilated Patients in Pennsylvania. *Pa Patient Saf Advis*, 9(3) 99-105. 9. Baker, D. and Quinn, B. (2016 Apr.). Interprofessional Partnerships to Prevent Non-ventilator Hospital-acquired Pneumonia. Poster presented at AORN Conference.