Our study shows similar results in overall direct treatment costs, meaning that higher acquisition costs of chlorhexidine-containing dressings did not translate into higher costs. Expenses were primarily outweighed by a lower rate of probable/definite CRBSI and reduced associated costs” Heimann et al (2018).

Reference:

Background: A recent study reported a reduction in probable/definite central venous catheter (CVC)-related bloodstream infections (CRBSIs) in neutropenic high-risk patients using CVC dressings with a chlorhexidine-containing gel pad.

Methods: Based on published data, a health-economic analysis was performed to analyze the economic effect of using CVC dressings with a chlorhexidine-containing gel pad compared to non-chlorhexidine control dressings. A micro-costing approach was used to determine CRBSI-related direct treatment cost factors.

Results: Between February 2012 and September 2014, 356 patients (178 patients in both groups) were analyzed. Distribution of probable and definite CRBSI in the chlorhexidine group and control group were 12 (7%) vs. 18 (10%) and 9 (5%) vs. 21 (12%), respectively (P = .011). Median overall length of stay (25 vs. 27.5 days; P = .630) and days on treatment with antibacterials (10 vs. 12 days; P = .140) were similar between the chlorhexidine and control groups. The most important cost driver in both groups was treatment on general ward (€4275 [US$ 5173], interquartile range : €592 – €6504 [US$ 716 – US$ 7871] vs. €4560 [US$ 5518], IQR: €1,227 – €8,567 [US$ 1485 – US$ 10,367]; P = .120), resulting in median overall direct treatment costs of €13,881 (US$ 16,798).

Conclusion: Our study shows similar results in overall direct treatment costs, meaning that higher acquisition costs of chlorhexidine-containing dressings did not translate into higher costs. Expenses were primarily outweighed by a lower rate of probable/definite CRBSI and reduced associated costs.
Reference:


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