Catheter related bloodstream infections (CRBSI) represent a complication that often requires hospitalization and the use of economic resources. In Italy, there is no literature that considers the costs of CRBSI for tunneled catheters (CVCt)” Mandolfo et al (2019).

Abstract:

Catheter related bloodstream infections (CRBSI) represent a complication that often requires hospitalization and the use of economic resources. In Italy, there is no literature that considers the costs of CRBSI for tunneled catheters (CVCt). The aim of this work is to evaluate the relative costs of CRBSI through the DRG system. From 2012 to 2017 we examined 2,257 hospital discharge forms, 358 of which relating to haemodialysis patients. Patients with CVCt (167), compared to FAVs (157), on average stay in hospital longer (10 vs. 8 days), entail higher costs (+8.5%) and higher admissions rate for infections (+114%). The incidence of CRBSI was 0.67 episodes per 1000 CVCt/days. CRBSI accounts for 23% of the cases of hospitalization of patients with CVCt and 5.2% of total hospitalization costs. Complicated CRBSI involve a 9% increase in average costs compared to simple ones, with patients staying in hospital three times longer. The cost of a CRBSI varies from €4,080 up to €14,800, with an average cost of €5,575. The costs calculated here are less than a third of that reported in American literature but this can be explained by the different reimbursement rates systems. The methodology of CRBSI costs through DRGs appears simple, and its main
limit is the correct compilation of the discharge form. This is a reminder that discharge forms are an integral part of the medical record and can become important in recognizing the cost of the medical services provided.

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