



We assessed the clinical and economic impact of BSI among patients of a managed care provider group who had a central venous catheter (CVC) placed in the ICU” Brunelli et al (2016).

Abstract:

PURPOSE: Bloodstream infections (BSIs) complicate the management of intensive care unit (ICU) patients. We assessed the clinical and economic impact of BSI among patients of a managed care provider group who had a central venous catheter (CVC) placed in the ICU.

ReTweet if useful... What is the economic burden of CLABSI? <http://ctt.ec/1H4eG+> @ivteam #ivteam

Click To Tweet

METHODS: We considered hospitalizations occurring between January 1, 2011, and September 30, 2014, that involved an ICU stay during which a CVC was placed. Comparisons were made between episodes where the patient did vs did not develop BSI after CVC insertion. Length of stay, costs of index hospitalization, and total costs over the 180 days after discharge were compared using linear mixed models. Inhospital mortality and 30-day readmission rates were compared using negative binomial regression models.

RESULTS: Development of BSI was associated with longer hospital stay (+7 days), more than 3-fold increase in risk of in-hospital death, and an additional \$129 000 in costs for the index

hospitalization. No statistically significant differences in 30-day readmission rates or costs of care over the 180-day period after discharge from the index admission were observed.

CONCLUSION: Bloodstream infections after CVC placement in ICU patients are associated with significant increases in costs of care and risk of death during the index hospitalization but no differences in readmissions or costs after discharge.

Reference:

Brunelli, S.M., Turenne, W., Sibbel, S., Hunt, A. and Pfaffle, A. (2016) Clinical and economic burden of bloodstream infections in critical care patients with central venous catheters. *Journal of Critical Care*. 35, p.69-74.

doi: 10.1016/j.jcrc.2016.04.035.

Thank you to our partners for supporting IVTEAM

