



We analyzed the impact of the IC cost reimbursement policy on central line-associated bloodstream infections (CLABSIs)” Park et al (2019).

Abstract:

Background: In September 2016, the Korean National Health Insurance Service began reimbursing infection control (IC) costs on the condition that a certain number of doctors and full-time nurses for IC be allocated to supported hospitals. We analyzed the impact of the IC cost reimbursement policy on central line-associated bloodstream infections (CLABSIs).

Methods: A before-and-after study that analyzed the CLABSI rate trends between preintervention (January 2016 to February 2017) and intervention (March to December 2017) periods using autoregression time series analysis was performed in intensive care units (ICUs) at a 750-bed, secondary care hospital in Daegu, Republic of Korea. The enhanced IC team visited ICUs daily, monitored the implementation of CLABSI prevention bundles, and educated all personnel involved in catheter insertion and maintenance from March 2017.

Results: Autoregressive analysis revealed that the CLABSI rates per month in the preintervention and intervention periods were -0.256 (95% confidence interval, -0.613 to 0.101 ; $P = .15$) and -0.602 (95% confidence interval, -0.972 to -0.232 ; $P = .008$), respectively. The rates of compliance with maximal barrier precautions significantly improved from the preintervention (36.2%) to the intervention (77.9%) period (χ^2 test, $P < .001$).

Conclusions: The IC cost reimbursement policy accelerated the decline in CLABSI rates significantly in monitored ICUs. A nationwide study to evaluate the effectiveness of the IC cost reimbursement policy for various health care-associated infections is warranted.

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Reference:

Park, J.Y., Kwon, K.T., Lee, W.K., Kim, H.I., Kim, M.J., Song, D.Y., Yu, M.H., Park, H.J., Lee, K.H. and Chae, H.J. (2019) The impact of infection control cost reimbursement policy on central line-associated bloodstream infections. *American Journal of Infection Control*. October 31st. DOI: <https://doi.org/10.1016/j.ajic.2019.09.002> .

