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Central catheter-related infections

Dominique M. Vandijck, Marian Racco and Kathleen Horn

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Central catheter-related infections

I read with major interest the In Our Unit article in the February issue of *Critical Care Nurse*, "Central Catheter Infections: Use of a Multidisciplinary Team to Find Simple Solutions," by Marian Racco and Kathleen Horn. As recently stated by the Centers for Disease Control, infections related to central catheters are among the

most preventable nosocomial infections.¹ Measures to control the rising incidence of this dreaded complication are frequently associated with significant hospital costs. However, as successfully demonstrated by Racco and Horn, low-tech and low-cost interventions such as educating and reinforcing intensive care unit staff to comply with current guidelines can significantly reduce hospital expenditures (approximate cost of \$40 000 per infection or \$240 000 per year), and more importantly save lives.

In Belgium, in an effort to keep medical care payable, cost matters in medicine are becoming a key issue for the federal government, insurance institutions, hospitals, and patients. Consequently, in our unit similar initiatives as those performed by Racco and Horn are being organized. I would like to congratulate the authors on their remarkable efforts to reduce the number of central catheter infections in their unit. However, regarding the economic consequences of such a quality improvement process, I wonder if they could further elaborate on which parameters they included in their cost analysis aiming to estimate the real economic impact of their intervention.

Reference

1. O'Grady NP, Alexander M, Dellinger EP, et al. Guidelines for the prevention of intravascular catheter-related infections. *Infect Control Hosp Epidemiol.* 2002;23:759-769.

Dominique M. Vandijck, RN, CCRN, MSc, MA
Ghent, Belgium

The authors reply:

In 2005, before our team's interventions, we incurred 6 central catheter-related infections. Using the cost estimation of \$40 000 per infection from the Centers for Disease Control, in 2005 our central catheter infections cost our hospital approximately \$240 000. In 2006, after our interventions were implemented, we had only 1 catheter-related infection. By reducing the number of central catheter infections by 5, our hospital saved approximately \$200 000.

Marian Racco, RN, MSN
Kathleen Horn, RN, CIC
Flemington, NJ