MRSA PCR spearheads a successful healthcare associated infection [HCAI] programme while supporting government aims of cost saving, improving quality, driving efficiency and safety in patient care.

A. Guleri*, R. Sharma, S. Bloor, S. Staff, B. Lunt, A. Jones (Blackpool Teaching Hospitals, UK)

BACKGROUND:
• Rapid and accurate identification of MRSA in hospital admissions is essential for timely decisions on optimal treatment, isolation/bio-burden reduction, and reducing the potential for cross transmission/self-acquisition, patient harm/mortality.
• Significant reductions in MRSA infections including bacteraemias can be used to realise cost savings.
• We present a case for improving efficiency, productivity and quality outcomes using health informatics and statistical process control based analysis of MRSA infections including key indicators - re-admissions, mortality and length of stay.

METHODS:
• SPC based analysis,
• data entry and testing,
• analysis of key indicators,
• detailed analysis and cost modelling using local costs.

RESULTS:
Preliminary data available at time of submission shows:
• Reduction in total MRSA infection bed-days by 73% (827 in 07/08 to 222 in 10/11);
• MRSA surgical site infections bed-days by 69.8% (691 in 07/08 to 208 in 10/11);
• Reduction readmissions with MRSA infection from 3 to 1/month (07/08 to 10/11).

• MRSA bacteraemias in BTH reduced from 1.33 to 0.27/10,000 bed-days [2007-08 to 2010-11] as compared to National [1.19 to 0.5/10K bed-days] & northwest [1.09 to 0.5/10K bed-days]. Optimisation of glycopeptide usage with over 50% reduction.

CONCLUSIONS:
• Blackpool Teaching Hospital must save £50M over 3-4 years as its share of the Government aim to deliver £20 billion (4%) efficiency savings in the NHS by the end of 2014-15.
• Reduction in HCAI and other quality initiatives have been used to close a 24 bedded ward driving savings of approx £970K.
• SPC based analysis and health informatics project is set to analyse in details the savings from reductions in HCAI using local costs.