

R2534

Abstract (publication only)

Dear Director of Finance of NHS Hospital: It is possible to close beds and achieve savings from reduction in health-care associated infections!

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Objectives: According to the National Audit Office Report [Jan 20, 2011], NHS caters to a population of 51 million, employs more than 1.3 million and deals with a million patients every 36 hours. The Government aims to deliver £20 billion (4%) efficiency savings in the NHS by the end of 2014-15. Blackpool Teaching Hospitals [BTH] is a large 844 bed teaching hospital with two tertiary centres. Its share of saving is approx £50M over 3-4 years. The trust board is committed to reducing costs by improving quality and driving efficiency, through clinical engagement, with key priority - quality and safety in patient care. We [CEO of the hospital and Microbiologist] present a case for taking costs out of the system through significant reductions in HAI and other quality initiatives within this teaching hospital. Methods: Using reductions in HAI and other quality initiatives such as patient falls; pressure ulcers; medication errors, etc to take costs out of the system by closing a 24 bedded ward. This realised a cost saving of over £970K. Results: Reductions in acute trust (post 48h) HAI over financial years [07/08; 08/09; 09/10; 10/11; 11/12 (projected)]: MRSA bacteraemias - 90% [28;5;3;3;2 or 3 resp]; C. difficile infections 90% [323;207;134;101;64]. Reductions in total MRSA infections 48.9% [883 in 2007-08 to 451 in 2009-10] incl. 80% reduction in bacteraemias [1.33 to 0.27/10K bed days as compared to national and regional reduction from 1.19 & 1.09 to 0.5/10K bed days] & 39.1% reductions in wound infections. Savings from closure of 24 bedded ward included Staffing [£960K]; Clinical and general supplies and services [£9,754]. Conclusions: The challenge facing all NHS trusts and healthcare professionals is to balance increasing demand from patients with the requirement for efficiency and productivity, whilst maintaining excellent quality. This requires dynamic leadership from CEO, commitment from trust board, clinical engagement, continuous endeavours to recognise innovative ideas of work differently, more efficiently, identifying savings and taking costs out of the system.