Top 7 Reasons to Use Disposable BP Cuffs to Reduce the Transmission of Healthcare-Associated Infections

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Healthcare-associated infections or HAIs (also known as "hospital-acquired infections" or "nosocomial infections") are bacterial infections that patients acquire while receiving treatment for other conditions within a healthcare setting. Not only are these bacterial infections easily transmitted from place to place, they are developing antibiotic-resistant properties making them tougher to contain and destroy.

MORE THAN 70% OF BACTERIAL INFECTIONS

are resistant to at least one of the drugs used to treat the infection.³ The three most troublesome forms of HAIs are: Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-Resistant Enterococci (VRE), and *Clostridium Difficile* (C. diff). In addition, a newly-discovered bacteria, New Delhi metallo-ß-lactamase-1 (NDM-1), is shown to be resistant to all know antibiotics at this time.⁶

These antibiotic-resistant pathogens are not only creating an important and growing global threat

to public health, they are also imposing significant economic consequences to healthcare systems worldwide.

There have been decades of research on the transmission of HAIs throughout healthcare settings. Studies have shown patients can be exposed to HAIs from contaminated healthcare workers' attire, environmental surfaces (cabinets, bedrails, countertops, etc.), and reusable medical equipment. Therefore, many healthcare facilities have implemented Infection Prevention

and Control programs to help reduce the spread of HAIs. Some of the strategies employed to help control HAIs include hand washing and the use of disposable items, such as disposable blood pressure cuffs. With that in mind, the following is a useful list of the "Top 7 Reasons to Use Disposable BP Cuffs to Reduce the Transmission of Healthcare-Associated Infections."

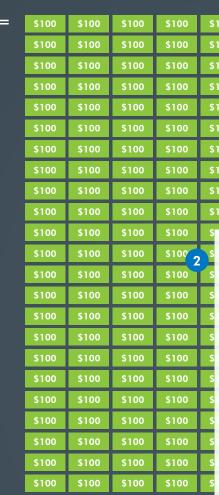
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Reusable Blood Pressure Cuffs Are A Major Source of Contamination

Reusable blood pressure cuffs have shown to be a major source of bacterial contamination and play a large role in the spread of HAIs in hospitals. 1,2,4, 11,12,13 Blood pressure cuffs with the highest contamination rates were found in Intensive Care Units and nurses' trolleys. 5

Disinfectants that are "presumed" to clean reusable blood pressure cuffs have shown to be ineffective in eliminating all microbial life, particularly C. diff, which is resistant to commonly used disinfectants.^{1,17}



Average Cost to Treat HAI is \$23,226 Per Patient

The financial burden on the United
States healthcare system for HAIs is
staggering. It is estimated that the total
annual cost to treat HAIs in the United
States is between \$35.7 billion and
\$45 billion with an average in-hospital
cost per patient around \$23,226.15
Healthcare charges for Medicare
patients alone who contracted MRSA
exceeded \$2.5 billion in 2005.9

3 2 Million People Acquire HAIs Each Year



In the United States, over 2 million people develop HAIs per year.
Patients that acquire HAIs average an extra 8 more days of hospital care, utilize more healthcare resources, and are at greater risk for readmission and death.¹⁶

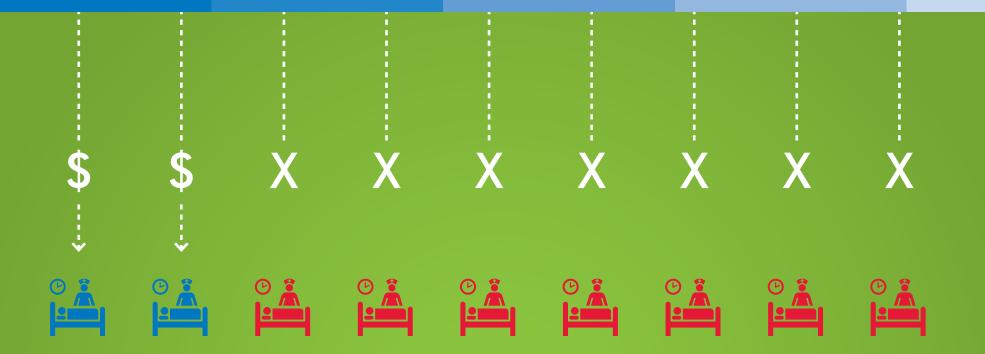
99,000 DeathsPer YearFrom HAIs

deaths per year, making it a significan cause of morbidity and mortality in the United States.¹⁰



= 10,000 HAI CASES





Centers for Medicare and Medicaid Services (CMS) No Longer Pay for HAIs

In October 2008, CMS announced it will no longer pay the extra cost of treating several types of HAIs contracted during hospital stays that were not present in the patient upon admission.¹¹ Several private insurance companies in the U.S. have also announced that they are exploring policies similar to the CMS stance.⁷ Furthermore, some states, such as Pennsylvania, have passed laws ordering that a patient cannot pay for any

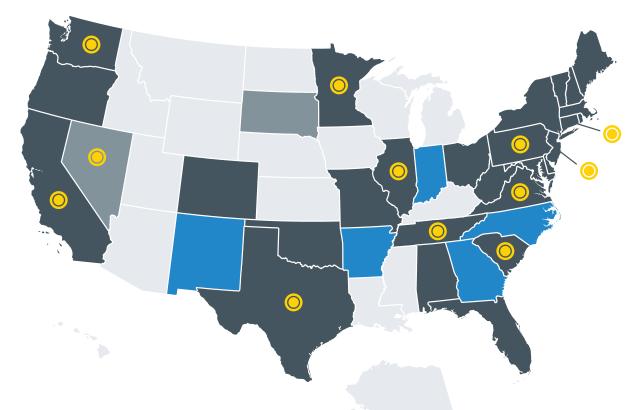
adverse event during hospitalization, nor can the insurer pay for the treatment of that specific adverse event,9 leaving the cost of treatment and prevention with

Public Reporting of Hospital Infection Rates

National and state patient safety organizations are pushing the Department of Health and Human Services to approve regulations that will require all U.S. hospitals to disclose how many patients develop HAIs during hospitalization. Public reporting of HAIs is a powerful tool for holding hospitals accountable for reducing HAI risks and keeping patients safe while also improving the quality of care. Public reporting also encourages consumers and employers to choose high quality, lowcost care.

Here is a summary of States' Activities on HAI14:

■ 27 States have laws requiring public reporting of HAI rates: Alabama, California, Colorado, Connecticut, Delaware, Florida, Illinois, Maine, Maryland, Massachusetts, Minnesota, Missouri, New

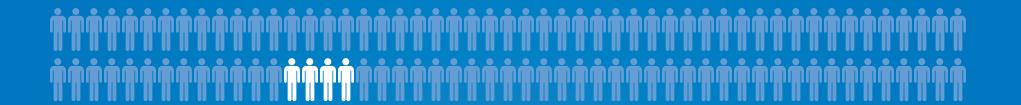


Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia

- 2 States laws allow confidential reporting of HAI to state agencies: Nebraska, Nevada
- 12 of the above States also have laws requiring the hospital screening and/

or reporting of MRSA rates: California, Connecticut, Illinois, Minnesota, New Jersey, Nevada, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington

5 States have voluntary public reporting: Arkansas, Georgia, Indiana, New Mexico, North Carolina



4% of HAI patients erode up to 185% of inpatient operating profits



Protect Your Hospital's Bottom Line

Some insurance companies, including CMS, and state laws have prohibited hospitals from billing patients or third parties for the

increased costs associated with HAIs. These policies put a significant financial burden on hospitals as 4% of patients who acquire

HAIs will erode as much as 185% of the hospitals' inpatient operating profits.8

To get a quote for disposable cuffs for your hospital or clinic, click here



About the Author

Stephanie Monk joined SunTech Medical in 2007 as the product manager for SunTech's cardiac stress test blood pressure monitor. Currently, Stephanie manages the company's blood pressure cuff products. Previously, Stephanie worked as project manager at Diosynth Biotechnology. She holds a master's degree in Industrial Engineering from North Carolina State University. In addition, Stephanie holds BS degrees in both Biological and Biomedical Engineering from NC State University.

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