

Clinical and Financial Outcomes Due to Methicillin Resistant *Staphylococcus aureus* Surgical Site Infection: A Multi-Center Matched-Outcomes Study

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Synopsis: A large, multi-center study (seven facilities, all part of the Duke Infection Control Hospital Network (DICON)) investigating the clinical and financial outcomes associated with MRSA. SSIs were identified by trained infection preventionists using CDC Definitions and NHSN criteria.

Key Findings:

- 54% of all *S. Aureus* infections were MRSA
- 108 of 150 (72%) MRSA infections had received appropriate prophylactic antimicrobial treatments

Patients with SSI due to MRSA were:

- 30 times more likely to be readmitted than uninfected patients
- 7 times more likely to suffer a mortality
- Averaged 16 more hospital days

Financial Implications:

Additional Hospital Charges
Independently and Directly Related to
SSIs due to MSSA and MRSA



Discussion:

"...Our Findings confirm that SSIs due to MRSA lead to significant patient suffering and provide quantitative estimates of the staggering costs of these infections. SSIs due to

MRSA led to a 7-fold increased risk of death, a 35-fold increased risk of hospital readmission, more than 3 weeks of additional hospitalization, and more than \$60,000 of additional charges compared to uninfected controls... In total, the charge attributable to SSI due to MRSA was approximately \$19 million for the 7 hospitals."

Full article can be downloaded at:

<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0008305>

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