



Put patient safety at the heart of every decision you make.

Protect your patients and your hospital with Spectrum®
Minocycline/Rifampin Impregnated Catheters.

Each year, nearly 16,500 hospitalized Medicare patients develop a catheter-related bloodstream infection (CRBSI).¹ In October 2008, Medicare will stop reimbursing hospitals for CRBSIs acquired during hospital stays. Spectrum is proven more effective in preventing catheter-related bloodstream infection.



Spectrum®
ANTIBIOTIC-IMPREGNATED CATHETERS
MINOCYCLINE/RIFAMPIN

AORTIC INTERVENTION

CARDIOLOGY

CRITICAL CARE

ENDOSCOPY

PERIPHERAL INTERVENTION

SURGERY

UROLOGY

WOMEN'S HEALTH

As part of the Deficit Reduction Act of 2005, Congress asked the Centers for Medicare and Medicaid Services (CMS) to identify conditions that are high-cost and/or affect a large patient population, resulting in the assignment of a diagnosis-related group (DRG) that has a higher payment when present as a secondary diagnosis, and are avoidable with the use of evidence-based guidelines. Catheter-related bloodstream infections were identified as one of eight conditions.

How will Medicare's new Inpatient Prospective Payment System (IPPS) rule affect CRBSI reimbursement?

Beginning October 1, 2008, Medicare will no longer pay the added costs of treating a catheter-related bloodstream infection if it was not present upon a patient's admission. As of October 1, 2007, hospitals are required to begin reporting secondary conditions that exist when the patient is admitted.

How costly are CRBSIs?

A single incident of catheter-related bloodstream infection increases a patient's hospital costs by \$30,000, on average.²

How many patients are affected by CRBSIs?

The CDC reports nearly 250,000 cases a year of bloodstream infections related to central lines, and the Institute for Healthcare Improvement says 14,000 people die every year from such infections.

Can such infections be reduced?

Yes. Clinical studies have shown that simple measures including the use of catheters impregnated with antibiotics significantly reduce infections. The Agency for Healthcare Research and Quality recommends the "use of antibiotic-impregnated central venous catheters to prevent catheter-related bloodstream infections"³ as one of the ways to protect patients from CRBSIs. Similarly, the CDC recommends "employing antimicrobial catheters" as one way to prevent CRBSIs, indicating catheter-associated adverse events by 50 percent is its No. 1 safety challenge.

What central venous catheter is more effective at reducing infection?

The Spectrum Minocycline/Rifampin Impregnated Catheter is proven to be more effective in reducing bloodstream infection than other catheters, including antiseptic catheters. *The New England Journal of Medicine* published results of a head-to-head trial that concluded Spectrum is twelvefold less likely to produce a catheter-related bloodstream infection than catheters coated with chlorhexidine gluconate and silver sulfadiazine.⁴ The CDC indicates that "certain catheters and cuffs that are coated or impregnated with antimicrobial or antiseptic agents can decrease the risk for CRBSIs and potentially decrease hospital costs associated with treating CRBSIs, despite the additional acquisition cost of an antimicrobial/antiseptic impregnated catheter."⁵

How can I prepare for the new IPPS rule as it relates to CRBSIs?

Start now to reduce CRBSIs by following generally accepted evidence-based guidelines. On October 1, 2008, Medicare will no longer pay the added costs of treating a catheter-related bloodstream infection if it was not present upon a patient's admission.

Where can I get more information?

For information, visit www.cookmedical.com or call your sales representative at 800.457.4500. To access a community of podcasts and blogs, and to contribute to discussion on infection fighting around the globe, visit www.knowledgeisinfectious.org.

1. Mermel L, Metersky M, Richards C, et al. Central venous catheter-related bloodstream infections in hospitalized Medicare fee-for-service patients. Society for Healthcare Epidemiology of America Web site. Available at http://www.shea-online.org/Assets/files/Infections_in_Compromised_Patients.doc.pdf. Accessed September 10, 2007.
2. Digiorgine B, Chenoweth C, Watts C, et al. The attributable mortality and costs of primary nosocomial bloodstream infections in the intensive care unit. *Am J Respir Crit Care Med*. 1999; 160(3):976-81.
3. Shojania K, Duncan B, McDonald K, Wachter R. Making health care safer: a critical analysis of patient safety practices evidence report. Agency for Healthcare Research and Quality. July 2001. Accessed at <http://www.ahrq.gov/clinic/ptsafety/summary.htm> October 12, 2007.
4. Darouiche RO, Raad II, Heard SO, et al. A comparison of two antimicrobial-impregnated central venous catheters. *N Engl J Med*. 1999; 340(1):1-8.
5. Centers for Disease Control and Prevention. Guidelines for the prevention of intravascular catheter-related infections, 2002. The Centers for Disease Control and Prevention Web site. Available at http://www.cdc.gov/ncidod/dhqp/gl_intravascular.html. Accessed October 8, 2007.