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## Hospital acquired infections consume bed days and resources

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EDITOR—Vincent et al commented that the epidemiology of adverse events has not been studied in Britain.<sup>1</sup> Neither their paper nor the additional information on the *BMJ* website provides detailed information on what constitutes an adverse event. From the example given, however, it seems that hospital acquired infections were included in this category.

It would have been interesting to know whether all hospital acquired infections were classified as adverse events or whether some were excluded because they were viewed as unfortunate consequences of the disease process. Information exists on both the epidemiology of hospital acquired infections<sup>2</sup> and the economic burden imposed.<sup>3</sup>

The paper reports that 46% of the adverse events identified were judged preventable and that preventable events cost the NHS around £1bn a year in terms of additional bed days. It would be interesting to know what proportion of these preventable events were hospital acquired infections

and how this judgment was made.

Recent subjective estimates suggest that 15% of hospital acquired infections could be prevented through improvements in infection control,<sup>4</sup> but more objective data suggest that it might be twice this figure.<sup>5</sup> If 15% were prevented then, on the basis of recent estimates of the economic burden of hospital acquired infections, the prevention of this type of adverse event alone would result in the release of at least 546 000 bed days and resources valued at £150m.

These estimates are limited to hospital acquired infections occurring in adults admitted to selected specialties of NHS hospitals in England for non-day case procedures (roughly 70% of adult non-day case admissions).<sup>3</sup> The overall number of bed days and resources released from the prevention of this adverse event are therefore probably considerably higher.

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## Threshold used for determining adverse events is important

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