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Hospital acquired infections consume bed days and resources

Rosalind Plowman (R.Plowman@lshtm.ac.uk), lecturer, Jennifer A Roberts, reader in the economics of public health, Nicholas Graves, lecturer, Mark A S Griffin, lecturer in medical statistics, Barry Cookson, director of laboratory of hospital infection, Lynda Taylor, head of infection control unit

Simpson Centre for Health Services Research, Liverpool Hospital, Liverpool, New South Wales 2170, Australia
Intensive Care Unit, Dandenong Hospital, Dandenong, Victoria 3175, Australia
Ninewells Hospital and Medical School, Dundee DD1 9SY
Bradford Hospitals NHS Trust, Bradford BD9 6RJ
Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1E 7HT
Royal Free and University College Medical School, Department of Primary Care and Population Sciences, London NW19 3UA
Central Public Health Laboratory, London NW9 5HT
Centre for the Study of Clinical Practice, Fitzroy, Victoria 3065, Australia cqm@sprint.net.au
Mayday Healthcare NHS Trust, Thornton Heath, Surrey CR7 7YE
Clinical Risk Unit, Department of Psychology, University College London, London WC1E 6BT
West Midlands Centre for Adverse Drug Reaction Reporting, City Hospital, Birmingham B18 7QH
Department of Clinical Pharmacology, Radcliffe Infirmary, Oxford OX2 6HE
Department of Health Services, School of Public Health and Community Medicine, Box 357660, University of Washington, Seattle, WA 98195-3576, USA

EDITOR—Vincent et al commented that the epidemiology of adverse events has not been studied in Britain.1 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 infections2 and the economic burden imposed.3

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, but more objective data suggest that it might be twice this figure. 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). The overall number of bed days and resources released from the prevention of this adverse event are therefore probably considerably higher.

References


Threshold used for determining adverse events is important

Brian T Collopy, consultant in clinical quality measurement, I G McDonald, consultant in clinical quality measurement

Simpson Centre for Health Services Research, Liverpool Hospital, Liverpool, New South Wales 2170, Australia
Intensive Care Unit, Dandenong Hospital, Dandenong, Victoria 3175, Australia
Ninewells Hospital and Medical School, Dundee DD1 9SY
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Clinical Risk Unit, Department of Psychology, University College London, London WC1E 6BT
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