



The New Mexico MRSA Collaborative

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MRSA =
Methicillin
Resistant
Staph Aureus

Why MRSA Matters

Increasing rates of resistance means:

- More difficult to treat
- More expensive to treat: **\$30-\$60 K** more per case
- More deadly: **2X** adjusted mortality rate
- More lengthy to treat: **9.5 days** average increased length of stay (LOS)

The Burden of MRSA in New Mexico

- 50-70% of all *S. aureus* submitted to area laboratories are now methicillin resistant
- National rates translated to NM means at least 572 infections of sterile sites per year, 127 deaths per year = **\$57 Million per year**

How Did This Happen?

- Failure to adhere to hand hygiene and full contact isolation practices
- Large reservoir of colonized patients in healthcare and community settings exists, allowing spread to continue

The Regulatory Environment

- CMS - effective with October 2008 discharges – **no additional payment** for complications commonly caused by MRSA
 - o Hospital-acquired complications of catheter-associated UTIs
 - o Central-line associated bloodstream infections or
 - o Mediastinitis following coronary bypass surgery
- Joint Commission proposed 2009 National Patient Safety Goals
 - o Documented compliance with bundle approaches to major HAIs
 - o MRSA/C. difficile addressed comprehensively and aggressively

Do You Know the Burden Of MRSA in Your Hospital?

- Every case of MRSA infection adds at least \$37K to costs which will NOT be reimbursed after October
 - _____ # of *staph aureus* cases
 - x .7 (At least 50-70% of SA bloodstream infections will be MRSA)
 - _____ # of MRSA cases
 - x \$37,000 Est. cost per case
 - _____ Potential loss of Medicare reimbursement
 - x 9.5 Est. increase of LOS
 - _____ Avoidable hospital days

What Is the Solution?

- **Leadership commitment:** Join the **New Mexico MRSA Collaborative**
[http://www.nmhhsa.org/FileRequest?req=MRSA Collaborative Introduction.pdf](http://www.nmhhsa.org/FileRequest?req=MRSA%20Collaborative%20Introduction.pdf)
- Join forces with multiple professional and healthcare associations
- Implement evidence-based bundle of interventions to reduce MRSA transmission and infection in facilities
- Implement Active Surveillance Testing to find colonized patients
- Address issue of patients moving between institutions through community-wide standards, information sharing, and education.

