The Cost of Contact Isolation Practices for Patients with Methicillin Resistant Staphylococcus Aureus: A Preliminary Report

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Background

- 71% of all reported solid wastes in the US come from hospitals and 43% of all solid waste from stable medical patients resulted from PPE.
- Low value care relating to PPE (personal protective equipment) is defined as, “waste that comes from subjecting patients to care that, according to sound science and patients’ own preferences, cannot possibly help them---care rooted in outmoded habits, supply-driven behaviors, and ignoring science”, which is estimated to cost the US between $12.8 and 28.6 BILLION dollars annually.

Objective

This study is using cost analysis to study the cost of isolation precautions in patients with MRSA

Observations

- Conducting donning/doffing time/motion analysis regarding PPE
- Data Collection
  - Collect data about PPE waste from non-isolated rooms

Methods/Results

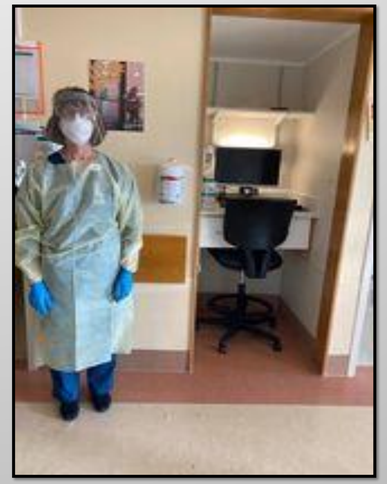
DATA COLLECTION
Time to Donn/Doff

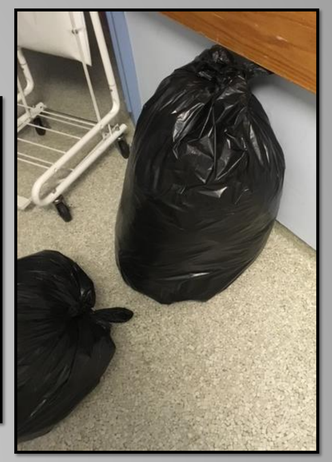
Sample	Donning (seconds)	Doffing (seconds)
1	55.71	15.17
2	41.21	39.18
3	2:01:94	9.84
4	51:65	12.30
5	1:00.87	31.74
6	1:16.24	8.28
7	12.42	16.91
8	20.75	25.98
9	43.13	11.85
10	39.28	38.20
11	57.12	19.13
12	57.12	19.13
13	1:09.01	48.28
14	26.61	26.18
15	49.20	12.49

Observations

- Time for donning/doffing PPE in the form of intercept observation
- Number of medical waste bags/12 hours from non-isolated rooms

Average of 3.8 waste bags/24 hours for standard room





Summary/Discussion

Next Steps:

Continue data collection

Analyze data on the cost analysis using the gathered data and continue to build on a previous study conducted in 2014

Barriers:

- Barriers may include and not limited to conducting research on one patient care unit, inconsistent method to donning/doffing and limited time

References

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