

Infection Risk Management

Provides evidence-based practices aimed to address risk factors for bloodstream infections (BSIs) and surgical site infections (SSIs), including patient resources to facilitate optimal wound healing post-surgery.

Attributes

- Clinical experts conduct confidential analyses of current clinical practices to help identify potential risks for SSIs and BSIs in your facility
- Customized plans to help healthcare providers implement evidence-based infection prevention strategies and drive compliance with facility policies
- Educational resources designed to engage patients in their care from pre-admission through discharge

Benefits

- Address risk factors for costly infections
- Reduce variation in clinical practices and purchasing patterns
- Enhance engagement of patients and staff throughout an episode of care

Target Infection. Focus on Prevention.

50%

SSIs and BSIs account for more than half of the total annual costs associated with the most common HAIs*

6%

Due to pay-for-performance programs under the ACA[†], infections put over 6% of a facility's inpatient Medicare reimbursement at risk^{2,3}

The Joint Commission's National Patient Safety Goals 07.04.01 and 07.05.01 assess a facility's evidence-based policies and practices aimed at reducing the risk of BSIs and SSIs⁴

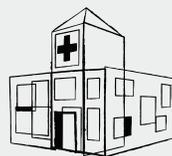
Needs Identification

1. Your team shares your infection risk management goals with the Johnson & Johnson Medical Devices Companies (JJMDC)
2. Together, your team and JJMDC define areas to assess for potential gaps in infection prevention practices that can be addressed by the appropriate utilization of JJMDC devices
3. JJMDC clinical nurse specialist conducts a confidential, on-site analysis of current practices in your facility
4. Based on assessment findings, JJMDC provides tailored recommendations to address infection risks
5. Your team and JJMDC agree on training and education plans to address top needs, and establish metrics to track progress

Delivering Results – 25-Hospital IDN



37.5% reduction in SSI rates for hip, knee, colon, and hysterectomy surgeries at the participating facilities (over 10 months)⁵



12 facilities standardized their infection control practices⁵



200+ clinicians educated on evidence-based infection prevention protocols⁵

These are examples only and do not guarantee or predict future results, which will vary depending on individual circumstances

To learn more please visit www.CareAdvantageJJMDC.com or
email CareAdvantageJJMDC@its.jnj.com.

References

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2. Centers for Medicare and Medicaid Services. Press release: CMS issues proposed hospital inpatient payment regulation. www.cms.gov. Accessed August 15, 2014.
3. Frequently asked questions about hospital value-based purchasing program [press release]. Centers for Medicare & Medicaid Services; April 30, 2014.
4. The Joint Commission. 2014 national patient safety goals effective January 1, 2014. Chicago, IL: The Joint Commission; 2013.
5. Spencer M, Christie J, Tyrrell P, Smirz L. 2016: A Wound Prevalence Observational Study for the Prevention of Surgical Site Infections. Poster presented at: AORN Surgical Conference & Expo; April 2-6, 2016; Anaheim, CA.
6. Data on file. Ethicon US, LLC. Evidence-Based Surgical Bundle Training Attendance Record. December 2015.