ARROW®
NEVER SETTLE™

THE CRBSI THREAT

SUPERBUGS

SUPERBUGS are bacteria that are resistant to common antibiotics. They've become one of the single biggest health threats of our time.[1]

CRBSI treatment length of stay is 12 to 17 days[4]

NON-REIMBURSABLE
$46K
AVG. COST PER CRBSI[3]

Added cost is $24K to $51K[5]

EVERY DAY
4600
develop HAIs

of those
271
will die[2]

MORE THAN AIDS, breast cancer & auto accidents combined

ANNUAL COST DUE TO SUPERBUGS:
$33B
in preventable healthcare expenditures[2]

ONE DRUG CURRENTLY TREATS SUPERBUGS

&

WE'RE STILL YEARS AWAY from potential FDA approval of another 7 drugs to treat them

THE SOLUTION

ARROW®
VASCULAR ACCESS DEVICES

PROTECT YOUR PATIENTS

Prevent infections instead of just treating them. ARROWg+ard Blue and ARROWg+ard Blue PLUS® CVCs are supported by more than 30 studies and are proven to reduce CRBSIs by 66% even with use of maximal barrier precautions.[6] ARROW® Antimicrobial Technology can ultimately decrease overall expenses in the current environment that focuses on pay-for-performance.

PROTECT YOUR BOTTOM LINE

In a recent preliminary report of a 12-month trial, the rate of CRBSIs fell more than 88% after the introduction of the ARROW® PICC with Chlorag+ard® Technology.[7] **The estimated savings was approximately $16,500 per infection.**

YOU CAN'T AFFORD TO PROVIDE ANYTHING BUT THE BEST CARE.

ARROW® Vascular Access Devices protect your patients and the bottom line, too.

In the changing healthcare climate, you can't afford to provide anything but the best care.

Superbugs, a common cause of hospital-acquired infections (HAIs), have been called one of the single biggest health threats of our time by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC).[1] HAIs caused by superbugs, including catheter-related bloodstream infections (CRBSIs), are difficult to manage and costly in terms of treatment expense, mortality, increasing healthcare costs, use of antibiotics and length of hospitalization. CRBSIs can also have a potential impact on a hospital's reputation by impacting patient experience and satisfaction with their treatment.

Hospitals caring for a patient with a CRBSI are not reimbursed for that care by CMS and lose the economic benefit they would get by filling that bed with a new patient. In addition, hospitals face up to a 1.25% base DRG withholding due to CRBSIs acquired at their institution in the ICU. By 2017, just one CRBSI could put up to 3% of a hospital's annual total base MS-DRG in jeopardy.

With value-based purchasing penalties and incentives, it is more important than ever for hospitals to safeguard the financial and clinical performance of their organization. Chlorhexidine-impregnated ARROW® Catheters, which provide broad spectrum protection proven against many antibiotic-resistant bacteria and fungal pathogens, can help you achieve this goal.

Incorporating ARROW® CVCs and PICCs with chlorhexidine technologies could save an average-size hospital over $1 million plus 1.25% Total Medicare Base DRG in first-year savings.[8]

1. http://health.yahoo.net/experts/dayinhealth/deadly-superbugs-evolving-faster-drugs-fight-them

2. National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination. Washington, DC: U.S. Department of Health and Human Services; 2013. www.hhs.gov/ash/initiatives/hai/exec_summary.html

3. Health Care–Associated Infections: A Meta-analysis of Costs and Financial Impact on the US Health Care System; Eyal Zimlichman, MD, MSc; et al, JAMA Intern Med. 2013;173(22):2039-2046.

4. Emerson, CB et al. Healthcare Associated Infection and Hospital Readmission. *Infection Control and Hospital Epidemiology*. 2012;33(6):539-544.

5. Luce, JM, Rubenfeld, GD. Can Health Care Costs Be Reduced by Limiting Intensive Care at the End of Life? *American Journal of Respiratory and Critical Care Medicine.* 2002; 165: 750-754.

6. Rupp ME et al. *Annals of Internal Medicine*. 2005; 143:570-580.

7. Moreau N. Catheter-Related Infection and Thrombosis. A Proven Relationship. 2013.

8. Assumes 300-bed hospital using 1,000 non-protected PICCs and 600 non-protected CVCs per year. Current rate of 2.0 infections per 1,000 catheter days with cost per infection of $45,814. CVC infections reduced 66% and PICC infections reduced 88% with implementation of ARROWg+ard Blue Plus® CVC and ARROW® PICC with Chlorag+ard® Technology, respectively.

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