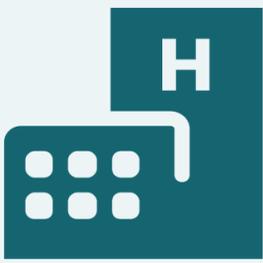


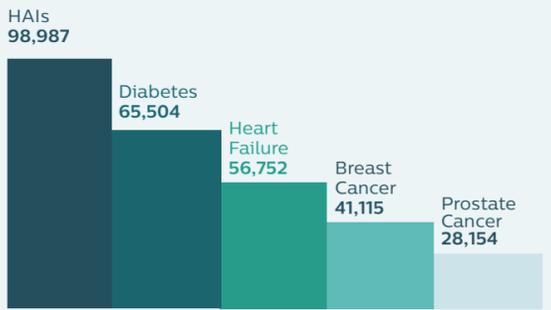


The major impact of Healthcare Associated Infections (HAIs) and how to help stop the spread

Healthcare Associated Infections (HAIs) are a critical threat to patient safety and health system costs



Approximately **2 million people** per year get an infection during a hospital stay¹



100,000 people die in the U.S. annually from HAIs – more than breast cancer and prostate cancer combined¹

More than **\$35 billion** is spent on HAIs per year²

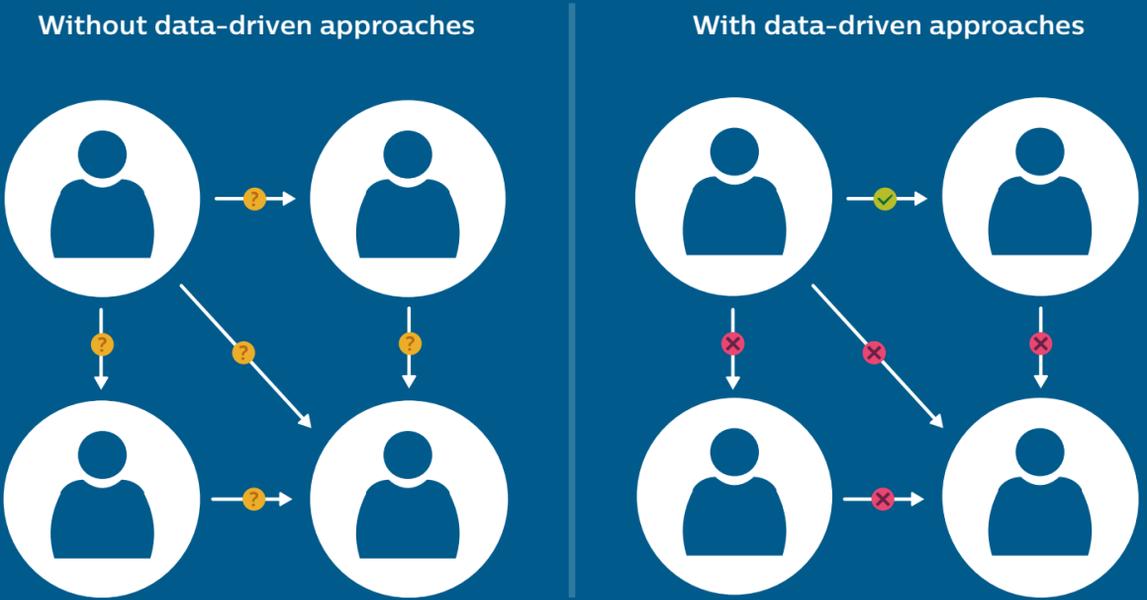


Annually, the five most common HAIs cost the U.S. **\$9.8 billion**²



The current problem with conventional infection control

Without data-driven approaches to identify infection transmission, care teams can either fail to intervene during actual outbreaks, or spend time and resources chasing pseudo-outbreaks.



The steps to help prevent the spread of HAIs

With integrated, cloud-based solutions that leverage clinical informatics and genomic sequencing information, steps can be taken to help infection control prevention teams to identify infection transmissions efficiently.



Step 1:

Evaluate a suspected outbreak event by using genomic and clinical data analysis



Step 2:

Rule out pseudo-transmissions and identify true ones



Step 3:

Track transmissions quickly, as well as where they originated, for earlier intervention

Learn more

The sooner you can identify potential transmission pathways for HAIs, the sooner you can act to help stop their spread. Learn more about how Philips is supporting infection control prevention teams in these efforts at: www.usa.philips.com/healthcare/product/HC867269/intellispac-epidemiology-information-system

¹ Reed D, Kemmerly SA. Infection Control and Prevention: A Review of Hospital Acquired Infections and the Economic Implications. The Ochsner Journal. 2009;9(1):27-31.; National Vital Statistics Reports vol 65 number 5 2016.
² Zimlichman E, et. al. Health Care-Associated Infections: A Meta-analysis of Costs and Financial Impact on the US Health Care System, JAMA Intern Med. 2013;173(22):2039-2046