Abstract

Purpose: Using the inpatient data of National Health Insurance to evaluate the condition of nosocomial infection in our country

Material and Method: The scrambled ID inpatient data of National Health Insurance (NHI) was used to evaluate the nosocomial infection rate of general causes (such as urinary tract infection, respiratory tract infection, surgical wound infection, skin & subcutaneous infection) and special causes (such as ventilator-associated pneumonia, indwelling urinary catheter-associated infection, coronary artery by-pass (CABG), knee arthroplasty, hip arthroplasty and abdominal hysterectomy). The relationship between nosocomial infection and hospital property was analyzed by bivariate analysis.

Result: The nosocomial infection rate of surgical wound infection at intensive care unit (0.81‰) and general causes (0.47‰) was closed to the published data of CDC. The nosocomial infection rates of special causes (ventilator-associated pneumonia 5.71%(0-55.17%), indwelling urinary catheter-associated infection 12.58%(0-43.75%), chest wound infection of CABG 3.63%(0-25%), chest and lower limbs wound infection of CABG 3.96%(0-12%), knee arthroplasty 4.86%(0-100%), hip arthroplasty 4.38%(0-100%) and abdominal hysterectomy 0.42%(0-20%)) were higher than the pubublished data of CDC, the rates were within the NNIS risk index range of TQIP The higher nosocomial infection rates of the data of NHI might due to the both nosocomial and community infection, which could not be classified in the data of NHI. It still can used as a good index for evaluation of the nosocomial infection.

Suggestion: The claimed data of NHI can be used for the government to find out and monitor the hospitals with potential nosocomial infection in order to improve the nosocomial infection.

Keywords：Nosocomic Infection；profiling；Secondary data analysis；Medical Quality