

June 15th, 2008

Dear Friends of RID,

I'd like to update you on our national campaign to stop hospital infection deaths. Thanks to your help, we are bringing research on infection prevention to an increasingly wide audience of hospital administrators, doctors, nurses, and patients, and launching new initiatives to make a visit to the doctor or a stay in a nursing home safer.

Looking Ahead

RID is developing a Prevention Kit that go to the hospital "Fifteen Steps to a Hospital supplies – hand pressure cuff liners, soap and other implement these Bradford Jordan is initiative, in manufacturers and



RID's Infection Prevention Kit

(custom bag, stickers, cautionary placard, chlorhexidine soap, hand sanitizer, toilet seat covers, gloves, shoe covers)

Hospital Infection will enable patients to prepared with the "Reduce Your Risk of Infection" *and* the cleaners, blood booties, chlorhexidine items needed to steps. RID's directing this collaboration with retailers.

RID is carrying the campaign against infections to nursing homes, where the need is greatest. Data are inadequate, but suggest that a patient's risk of contracting an infection is almost five times as great in a nursing home as in a hospital. Walk into almost any nursing home and you will see the obvious inattention to infection prevention. Few nursing homes have dispensers of hand cleaner available, and even patients with diagnosed cases of MRSA (methicillin-resistant Staphylococcus aureus), one of the deadliest and most contagious superbugs, mingle with other patients in dining rooms and therapy areas. RID will be presenting at major conferences for the nursing home industry and developing plain language printed materials and training videos for nursing home staff. Can nursing homes be made safer? Numerous recent successes in reducing pressure sores demonstrate that the answer is "yes." For example, over two years, a campaign led by the New Jersey Hospital Association reduced pressure sores by 70% statewide. Infections should be the next target.

Collaborating with physicians in the New York area, RID is developing protocols – including cleaning equipment after each patient's use – to reduce the risk of contracting an infection in the waiting room or during a routine examination. Doctors' offices that comply with the protocols will display a sign "RID CLEAN."

RID's most lasting legacy will be in medical schools. It's hard to believe, but although first year medical students study microbiology, not even one class session is spent showing them how deadly bacteria are carried from patient to patient on doctors' lab coats, stethoscopes, and other equipment. Before medical students swear the Hippocratic Oath, they should be taught *how* to do no harm. RID's goal is to make hygiene a central part of the first year medical education. RID is producing an educational DVD to be distributed online and in medical schools.

RID continues to bring the latest research on infection prevention to physicians, hospital administrators and nurses in the field.

✦ Our major mission is to educate hospital executives and caregivers, showing that preventing hospital infections will not only save lives but also make their institutions more profitable. During the past six months, we have made grand rounds or similar presentations at:

- NYU Medical Center, NYU School of Public Health, New-York Presbyterian Medical Center in New York, Stamford Medical Center in Connecticut, Vassar Brothers Hospital in Poughkeepsie, and other medical centers in New York, Pennsylvania, and New Jersey.

- In the coming months, we will be presenting at the public hospitals in New York City, beginning with Bellevue.
- Frequently, a formal presentation is the beginning of an ongoing working relationship with hospital staff. For example, at Maimonides Medical Center in Brooklyn, RID is partnering with epidemiologists to develop a disposable blood pressure cuff liner. The purpose will be to prevent germs from traveling from patient to patient when blood pressure is taken.

✦ Outside the New York City area, RID presented at several major medical conferences this spring, and will present “New Research and Compelling Economic Data in Support of Infection Prevention” at the annual national meeting of infection control nurses, APIC, in Denver, Colorado June 14-18. It’s part of our packed schedule of presentations for 2008.

RID reaches an even broader medical audience by delivering our curriculum on smart phones and personal computers. RID’s lectures and grand rounds can now be accessed by doctors, nurses and hospital administrators nationwide. You can access the same material at www.hospitalinfection.org. RID’s curriculum bridges the gap between today’s research and yesterday’s practices.



Betsy McCaughey Testifies on April 16th

On April 16th, RID testified in Congress to the House Committee on Government Oversight and Reform. RID’s testimony demonstrated that the federal Centers for Disease Control and Prevention has consistently understated the size and cost of hospital infections and failed to recommend the steps needed to eradicate the problem. The testimony stressed the need for higher standards of cleanliness, the cost effectiveness of thorough cleaning, and the compelling evidence that MRSA screening – a simple, noninvasive skin or nasal swab when patients enter the hospital – should be universally used to prevent the spread of this superbug from patient to patient. The testimony was repeatedly replayed on C-SPAN, and RID received an outpouring of letters, e-mails and phone calls from infection victims and their families, hospitals and technology companies asking for technical help. You can see the testimony at www.hospitalinfection.org.

RID works with the media

RID works closely with the media, and it is exciting to see the media featuring RID’s “Fifteen Steps You Can Take to Reduce Your Risk of Getting a Hospital Infection,” and reporting the screening and cleaning strategies that have reduced infection rates by up to 90% at some hospitals. Media coverage is helping to dispel the long held myth that hospital infections are inevitable.

- ✦ In January, RID received a grant from Google for \$30,000 in web-based advertising, meaning that Google will pay to bring RID’s lifesaving information to the broadest possible audience.
- ✦ On March 28th, RID presented to the annual gathering of the Association of Health Care Journalists in Washington, D.C. This was an important opportunity to plant seeds for future stories, including coverage of a new germ threat you need to know about.

Clostridium difficile

After three years of effort, MRSA has become a household acronym. Now RID is moving ahead, alerting the public and the medical community to the newest hospital infection danger, Clostridium difficile (C. diff). We hope you will support this initiative. We will be providing new curriculum to the medical community, adding lifesaving information about C. diff to our website, and designing and producing educational materials for patients.

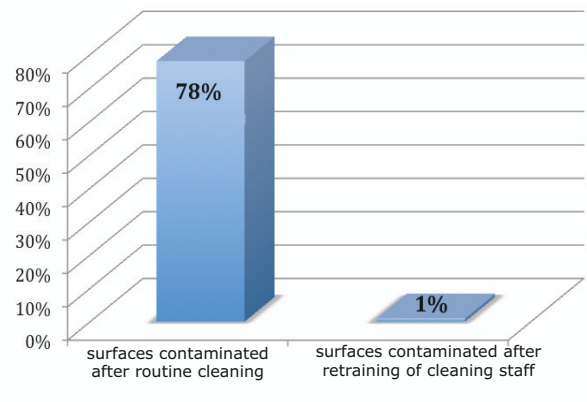
What is C. diff? This bacterial infection killed more patients in England in 2006 than MRSA, and the same hyper-virulent strain has invaded some hospitals in the U.S. and Canada.

Although a small number of patients come into the hospital with the C. diff. germ, many more ingest it through oral-fecal contamination, meaning traces of one patient's feces enter another patient's mouth. How could such a thing happen? Inadequate cleaning. Patients pick up C. diff from contaminated bedrails, IV poles, tables, virtually anywhere their hands can reach. Then they touch their lips or their food and swallow C. diff along with their dinner roll. Unfortunately, most hospitals do not encourage patients to clean their hands before meals or help bed ridden patients do so.

Training hospital cleaning personnel is essential. At Case Western Reserve and the Cleveland VA Medical Center, researchers found that 78% of surfaces in patients' rooms were contaminated with C. diff *after* the rooms were cleaned.

Once cleaners were trained to use bleach and to drench and wait, rather than quickly spraying and wiping, contamination was reduced to 1%. Cleaning is so important that when it is not done rigorously, placing a patient in a room previously occupied by a patient with C. diff can be a fatal mistake. At a Philadelphia hospital, three patients consecutively placed in the same room contracted C. diff. One died as a result.

Percentage of surfaces in patient rooms contaminated with C. diff



On March 7th, RID presented to representatives from all thirty-eight hospital members of the Greater New York Hospital Association, launching a region-wide initiative against a new germ threat, Clostridium difficile. RID is developing informational cards for patients' meal trays, cautioning patients to clean their hands before eating, avoid touching hands to their lips, and never place food and utensils directly on furniture or bed linens. The same lifesaving advice has been added to our popular brochure, *Fifteen Steps to Reduce Your Risk of a Hospital Infection*.

Thank you to all those who have made these recent successes and future initiatives possible. We invite you to get involved by contributing or volunteering. Contributions are used wisely. Last year, nearly 90% of revenue went directly to program. If you are in the New York area, please join us at our August 16th event in Southampton. You can always reach RID at www.hospitalinfection.org. Together we can save lives!

Sincerely,

Betsy McCaughey, Ph.D.
Chairman, Committee to Reduce Infection Deaths