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Patient, protect thyself

Every year, 1.7 million people contract infections while hospitalized. Officials are fighting the problem, but there are things patients should know to avoid getting sicker.

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By Stephen Smith | August 27, 2007

Everybody, it seems, has a story to tell when it comes to infections transmitted in hospitals -- stories of bad decisions, missed opportunities, even death.

There's the member of the state's Public Health Council whose father went into the hospital with kidney stones and caught a germ that ravaged his body, ultimately killing him.

There's the former lieutenant governor of New York, who heard so often about hospital-acquired infections from constituents that she started a campaign to battle the phenomenon.

And then there are the hospital officials and disease specialists with personal stories of nurses who forgot to wash their hands or doctors who left tubes in place longer than needed, creating a potential portal for lethal bacteria.

"More times than once, I had to say to the person coming into the room, 'Did you wash your hands?' " recalled Emerson Hospital president Christine Schuster, whose father was a patient this year at a major Boston hospital.

"When you're going to the mecca, I felt like I shouldn't have to tell somebody, 'You should wash your hands.' "

But she did -- and so should you.

With an estimated 90,000 US patients dying each year from germs they catch after surgery or while tethered to a breathing machine, government agencies and hospitals are confronting healthcare-associated infections with unprecedented speed and determination.

In Massachusetts, public health authorities plan to make hospital infection rates public. In Washington, D.C., Medicare has vowed not to pay hospitals for costs rung up when patients catch preventable infections.

"Patients and their families have a role, too," said former New York lieutenant governor Betsy McCaughey, chairwoman of the Committee to Reduce Infection Deaths. "But too often, patients and families are reluctant to speak up. If you're worried about being too aggressive, just remember: Your life is at stake."

So how can you be an effective advocate for yourself or your relative?

It can mean paying attention to everything from when to get antibiotics before surgery (no sooner than an hour before), to the angle of the bed for a ventilator patient (30 degrees), to asking whether all those tubes are really needed (they may not be).

But doing that can require courage -- and persistence. Dr. Denise M. Cardo, the top specialist on hospital-acquired infections at the US Centers for Disease Control and Prevention compared it with her own experience with car mechanics.

"I decided, because they messed up so many times, that I'm questioning everything," Cardo said. "What we want is a healthcare environment where people feel fine doing that, where they feel empowered to say, 'OK, why do I need that?'"

Specialists in the field of healthcare improvement concede that medical workers can sometimes be defensive when challenged by patients or their families.

"There are still some dinosaurs out there," said Frances A. Griffin, a project director at the Institute for Healthcare Improvement, a think tank that works with hospitals to improve safety and efficiency.

When she worked in intensive care units a dozen years ago, doctors and nurses regarded as inevitable that some patients would contract pneumonia while tethered to breathing machines.

Such infections are now regarded as preventable. "In the past," she said, "zero wasn't considered achievable."

Still, she said, she senses a significant shift among many physicians and nurses: "It's not the old Marcus Welby attitude: 'I'm the doctor, I know best, don't question what I do.' The movement is happening."

Like so many things in life, specialists said, when patients or their families want to tell the doctor or nurse something, how it's said is as important as what is said.

For example: "You can say, 'Wow. I've been seeing a lot of stuff in the newspaper these days about all the work being done to prevent hospital infections,'" said Dr. Ron Goodspeed, president of Southcoast Hospitals Group, which runs three Massachusetts hospitals.

"Then you can start asking questions. 'You're about to start an IV on me. Isn't one of the things that's recommended that you wear gloves?'" said Goodspeed, also president of the Massachusetts Coalition for the Prevention of Medical Errors.

Advocates and disease specialists stressed that the recommendation for patients to be involved in no way absolves hospitals and their workers from doing their utmost to stop the spread of dangerous germs.

"This is not about letting the hospitals and the healthcare provider off the hook, because obviously there's a lot of things they need to do to reduce infections," said Dr. Alfred DeMaria, the Massachusetts director of communicable disease control.

"It's not about blaming the victim," he said.

DeMaria's boss, state public health commissioner John Auerbach, said last week that his agency is launching a major effort to address healthcare-acquired infections. By November, Auerbach said, his staff expects to have a plan requiring the state's hospitals to publicly report their infection rates.

That proposal will need the blessing of the state's Public Health Council. Lucilia Prates Ramos is a member of that panel, and she listened this month as officials presented a landmark report, which found that hospital infections are resulting in as much as \$473 million in additional medical costs annually.

After the slides dimmed and the speakers stopped, Prates Ramos had something to say: Her father, Antonio Prates of Arlington, had been infected at the hospital with an pernicious germ called methicillin-resistant *Staphylococcus aureus*, widely known by its initials, MRSA.

Not long after returning home from a procedure to remove kidney stones, he fell desperately ill. Over the next seven months, he confronted a succession of maladies rooted in that infection. In August 2005, at the age of 72, he died.

"My mother's now a 70-year-old widow, almost needlessly it feels like," Prates Ramos said in an interview. "Although we're learning to accept that my father is gone, it's been very, very life altering."

For more information on infections in hospitals, go to hospitalinfection.org, and macoalition.org/resourcesEnglish.shtml or macoalition.org/resourcesSpanish.shtml. E-mail Stephen Smith at stsmith@globe.com. ■

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