

INVESTOR'S BUSINESS DAILY

VIEWPOINT

An Uphill Battle Against Hospital Infection

Betsy McCaughey

On April 16, the House Committee on Government Oversight and Reform held a hearing on the federal government's inadequate response to hospital infections.

One witness was Bill Lawton, a retired Air Force policeman who went into a New York hospital for orthopedic surgery. There he contracted several bacterial infections that landed him in a wheelchair for life.

He described the excruciating pain he endured during three subsequent surgeries to remove infected tissue from his back and the "unconscionable" violations of hygiene he witnessed.

While bedridden, he was rolled from side to side each morning as his sheets were changed. The hospital staff allowed the new sheet to drag on the floor below the bed, and then they stretched it over the mattress, and rolled him back so his open wound rested directly on the contaminated sheet.

How many patients contract hospital infections? Amazingly, the federal government doesn't know. At the hearing, a spokesperson for the Government Accountability Office chastised the Centers for Disease Control and Prevention and other federal agencies for not having adequate data.

The CDC speculates that 1.7 million patients get hospital infections each year, but CDC

spokesperson Nicole Coffin admits "the number isn't perfect." In fact, the truth is several times that number.

One of the fastest growing infections is MRSA, or "Mersa," which stands for methicillin-resistant *Staphylococcus aureus*, a superbug that doesn't respond to most antibiotics.

In 1993, there were fewer than 2,000 MRSA infections in U.S. hospitals. By 2007, 2.4% of all hospital patients were contracting MRSA hospital infections, according to the largest ever survey of U.S. hospitals, published in the American Journal of Infection Control. That means at least 880,000 victims a year.

That's from one superbug. MRSA accounts for only 8% of all hospital infections, according to a nationwide study released April 6 by Emory University researchers. Clearly, hospital infections affect more than 1.7 million people a year.

Failing to level with the public about the size of the infection problem is only one of the CDC's shortcomings. Their lax guidelines give many hospitals an excuse to do too little to correct the problem.

For example, the CDC is stalling recommending that all hospitals test incoming patients for MRSA. It's a simple skin or nasal swab. Evanston Northwestern Healthcare System near Chicago reduced MRSA infections 70% over two years by using screening, according to a study in the *Annals of Internal Medicine*.

"If it works in these three different hospitals, it will work anywhere," said Dr. Lance Peterson, the study's lead author. Evanston Northwestern's achievement is especially notable because the hospitals already had below average infection rates.

Why is screening effective? Patients who unknowingly carrying MRSA bacteria on their body shed it on wheel chairs, blood pressure cuffs and virtually every other surface. Patients don't realize they have the germ, because it doesn't make them sick until it gets inside their bodies, usually via a surgical incision, catheter or ventilator.

With screening, hospitals can identify the MRSA positive patients, isolate them, use separate equipment and insist on gowns and gloves when treating them. Patients carrying the germ on their skin are as contagious as patients who are already infected with it, according to findings announced April 7 by researchers from Case Western Reserve Medical Center and the Cleveland VA Medical Center. Most hospitals take the tip-of-the-iceberg approach, isolating infected patients only.

Is screening expensive? Not as costly as treating infections, concluded a 2006 review of screening programs published in *Lancet*.

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Despite this evidence, only 30% of hospitals in the U.S. are screening. Progress is slow without pressure from the CDC. It's the same old story - government administrators going soft on the industry they are supposed to oversee. Congress and seven state legislatures are considering making screening mandatory. Transparency and the threat of litigation will help accomplish what the CDC is failing to do.

Twenty-two states have enacted laws requiring hospitals to report infection rates to the state for publication, and more states are likely to follow. That will force hospitals to improve.

So will impending lawsuits. Until recently, infection was considered an inevitable risk of hospitalization. Now compelling evidence that nearly all hospital infections are preventable puts physicians, hospitals and hospital board members in a new legal situation.

In 2004, Tenet Healthcare agreed to pay \$31 million to settle 106 individual lawsuits on behalf of patients who suffered infections after surgery at Palm Beach Garden Medical Center in Florida. Since then, lawsuits have been filed against numerous hospitals by patients who contracted infections. Hospitals that do not screen for MRSA should take note, no matter how long the CDC delays.

As Bill Lawton, the Air Force policeman, told the committee, the CDC's Web site on preventing health care super bugs hasn't been updated since September 2005. "What has the CDC been doing for the past three years?" he asked.

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