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Coming Clean

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INFECTIONS that have been nearly eradicated in some other countries are raging through hospitals here in the United States. The major reason? Poor hygiene. In fact, hygiene is so inadequate in most American hospitals that one out of every 20 patients contracts an infection during a hospital stay. Hospital infections kill an estimated 103,000 people in the United States a year, as many as AIDS, breast cancer and auto accidents combined.

And the danger is worsening as many hospital infections can no longer be cured with common antibiotics. One of the deadliest germs is a staph bacteria called M.R.S.A., short for methicillin-resistant *Staphylococcus aureus*, which lives harmlessly on the skin but causes havoc when it enters the body. Patients who do survive M.R.S.A. often spend months in the hospital and endure several operations to cut out infected tissue. In 1974, 2 percent of staph infections were from M.R.S.A. By 1995, that number had soared to 22 percent. Today, experts estimate that more than 60 percent of staph infections are M.R.S.A.

Hospitals in Denmark, Finland and the Netherlands once faced similar rates, but brought them down to below 1 percent. How? Through the rigorous enforcement of rules on hand washing, the meticulous cleaning of equipment and hospital rooms, the use of gowns and disposable aprons to prevent doctors and nurses from spreading germs on clothing and the testing of incoming patients to identify and isolate those carrying the germ.

Too few hospitals in the United States are using these precautions, though where they are used they are highly effective. In a pilot program, the veterans hospital in Pittsburgh reduced M.R.S.A. 85 percent, and the University of Virginia Medical Center eradicated it. Unfortunately most hospitals have not shown the will to defeat infections.

More than half the time, doctors and other caregivers break the most fundamental rule of hygiene by failing to clean their hands before treating a patient. Gloves are not the answer because pulling them on with dirty hands contaminates the gloves.

Nearly three-quarters of patients' rooms are contaminated with M.R.S.A., which, according to experts, can be found on everything from cabinets to bedside tables. Once patients and caregivers touch these surfaces, their hands become vectors for disease. Ordinary cleaning solutions can kill these bugs, but surfaces need to be drenched in disinfectant for several minutes, not just sprayed and wiped quickly.

Frequently, stethoscopes, blood-pressure monitors and other equipment are contaminated with live bacteria. Yet doctors and nurses almost never clean the stethoscope before listening to a patient's chest.

Astoundingly, most hospitals in the United States don't routinely test patients for staph bacteria. Studies show that 70 percent to 90 percent of patients carrying M.R.S.A. are never identified.

Clothing is frequently a conveyor belt for infections. When doctors and nurses lean over a patient with M.R.S.A., their coats and uniforms pick up bacteria 65 percent of the time, and carry it to other patients.

Contaminated clothing is believed to be the culprit at New York City's Mount Sinai Hospital, which has recently struggled to control another type of infection called *Clostridium difficile*. This common and seldom life-threatening infection is often caused by fecal material from one patient entering another patient's mouth. Doctors at the hospital suspect that this infection spread because clinical nursing assistants wear the same clothes while doing two jobs: emptying bed pans and delivering food trays.

Hospital infections can be stopped, but most hospital administrators have not made prevention a top priority. The Centers for Disease Control and Prevention are also to blame. While the C.D.C. has made some efforts to curb hospital infections, they have failed to ask hospitals to follow the rigorous precautions that are working in other countries and in those American hospitals where they have been tried.

In 2003, a task force for the Society of Healthcare Epidemiologists of America chastised the C.D.C. for this failure, but the C.D.C. has still not acted. Every year of delay is costing thousands of lives.

Many hospital administrators say they can't afford to take the necessary precautions, but they can't afford not to. Infections erode hospital profits because rarely are hospitals fully paid for the added weeks or months that patients must spend in the hospital when they get an infection. Studies show that when hospitals invest in these proven precautions, they are rewarded with as much as tenfold financial return. These infections add about \$30 billion annually to the nation's health costs. This tab will increase rapidly as more infections become drug-resistant.

In February, the Centers for Disease Control and Prevention declared that it will not support the growing demand to make hospital infection rates public. That's a shame because if you need to be

hospitalized, you should be able to find out which hospitals in your area have the worst infection problems. This secrecy may allow some hospitals to save face, but it won't save lives or money.

Betsy McCaughey, a former lieutenant governor of New York, is the founder of the Committee to Reduce Infection Deaths.