

# DAILY NEWS

## Cleaner hospitals: A N.Y. imperative **Infections now breed in some of the state's fanciest facilities**

BY [BETSY MCCAUGHEY](#)

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Hospitals in wealthy towns may seem the safest choice for a medical procedure — but data from August's Consumer Reports show that you can get a deadly infection as easily at a rich hospital as at a poor one.

Numbers don't lie. Southampton Hospital, where the uber-wealthy go after an accident on the beach or the tennis court, and Lawrence Hospital, in the swanky suburb of Bronxville, rate rock-bottom among New York hospitals in preventing infections — alongside cash-strapped, city-run Metropolitan Hospital in Manhattan, Queens Hospital Center in Jamaica and Coney Island Hospital in Brooklyn.

The rankings are based on infections hospitals report to state health departments — and largely reflect how well they prevent central line-associated bloodstream infections. These occur when bacteria are allowed to invade a catheter delivering medications into a patient's vein.

Patients don't come into the hospital with these. They are typically caused by sloppy hygiene. The consequences are severe, a 12% to 25% risk of death, according to the Johns Hopkins School of Medicine.

These bloodstream infections are 100% preventable, if a checklist of five safeguards is followed, according to the list's creator, Dr. Peter Pronovost of Johns Hopkins. But many hospitals are just not paying enough attention to patient safety.

Don't be misled by a hospital's beautiful decor. Bacteria are invisible. They survive for 20 days or more on bedrails, computer keyboards, privacy curtains, television controls, call buttons and over-the-bed tables — the very surfaces that medical professionals and patients repeatedly touch. Even when doctors and nurses clean their hands as they enter a room, their hands become recontaminated as soon as they open the privacy curtain, touch the bedside keyboard or handle a bedrail.

That's why effective room cleaning is vital. Stamford Hospital in Connecticut focuses on this issue. Dr. Michael Parry, chief of infectious diseases there, stresses the link between contaminated environments and infection risk.

But nearby opulent Greenwich Hospital gives daily room cleaning less attention. Friendly but poorly trained cleaners go into each patient's room, mop the floor, dust around the framed

pictures adorning the walls — and leave without sanitizing the bedside surfaces and keyboards. I observed this flawed regimen myself over a two-week period.

The same manpower could be used to halt infections and save lives. At Rush University Medical Center in Chicago, researchers trained cleaners to disinfect frequently-used items, and to drench and wait three minutes rather than quickly spray and wipe. The result was an impressive two-thirds reduction in the spread of the nasty germ vancomycin-resistant enterococcus.

Similarly, at Mayo Clinic in Minnesota, daily cleaning of frequently-touched surfaces with Clorox wipes reduced the incidence of *Clostridium difficile* (the most common hospital infection) by three-quarters.

Terminal room cleaning — after one patient is discharged and before the next is admitted — is even more important. Research shows that the No. 1 risk factor for contracting many types of hospital infections is who occupied the room before you. Dr. Megan Shaughnessy of the University of Michigan Health System found that putting a patient in a room previously occupied by someone with *Clostridium difficile* infection more than doubled the patient's risk of contracting it.

So don't let fancy addresses fool you. Hospital-acquired infections kill 100,000 people in the U.S. each year — that's more than AIDS (17,000), breast cancer (40,000) and auto accidents (33,000) combined.

Agonizing pain, needless deaths and added costs — all reasons to demand that hospitals clean up.

McCaughey is chairwoman of the Committee to Reduce Infection Deaths. [www.hospitalinfection.org](http://www.hospitalinfection.org)