

DAILY NEWS

After the gunfire, infections can kill: Unclean hospitals are a danger to patients nationwide

By Betsy McCaughey

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According to her doctors, Rep. Gabrielle Giffords is breathing on her own and has been upgraded from critical to serious condition. Now, her major risk is infection, they report. Nationwide, an estimated 25% to 33% of patients in intensive care contract hospital infections.

Imagine surviving a gunshot, then having to fear a deadly germ lurking on your bedrail. Hospital infections kill an estimated 100,000 people in the U.S. each year, more than the combined death toll from highway fatalities, breast cancer and AIDS.

The problem is not just in intensive care, where patients have devices and tubes entering their bodies, creating openings for bacteria. Even healthy people hospitalized to repair a sports injury or have a baby contract infections.

Last month, the American College of Surgeons released a study showing that patients who have surgery the same day they are admitted to the hospital developed fewer urinary tract, pneumonia and bloodstream infections than patients who were exposed to the hospital environment for two to five days before their operation.

Single rooms reduce the risk somewhat, according to research in the Archives of Internal Medicine. When patients are lined up in the same room, doctors and nurses are more apt to move from patient to patient without cleaning their hands.

At other times, the problem is not with germs being carried directly from one patient to another. Instead, patients get sickened by bacteria that linger on hospital surfaces for weeks because of inadequate cleaning. A study of 26 hospitals from Washington, D.C., to Boston showed that more than half the surfaces in a patient's room are left untouched by cleaners. Commonly overlooked are the telephone, call button, bedside computer keyboard, remote control and bedrails.

A Tufts University study found that if a room has been occupied anytime in the previous two weeks by someone carrying the common bug VRE (vancomycin-resistant Enterococcus), it is risky to put another patient in that room. Rooms are supposed to be "terminally cleaned" when

one patient is discharged and before another is admitted, but the study shows current standards are inadequate to protect patients from germs left behind by previous occupants.

Researchers at the University of Pennsylvania reached the same conclusion. Their cleaning regimen exceeded the Centers for Disease Control and Prevention guidelines, but that was still not sufficient to protect patients from lingering bacteria. The CDC guidelines rely largely on whether a room looks clean. Infection-causing microbes cannot be seen. Most hospitals wash floors daily, but overlook the surfaces that are actually making patients sick.

When researchers at Chicago's Rush University Medical Center trained cleaners to drench surfaces, rather than spraying and quickly wiping, and to clean commonly overlooked objects, the spread of VRE to patients was reduced by two-thirds.

Robert Orenstein, an infectious disease expert at the Mayo Clinic, showed that cleaning frequently touched surfaces with a bleach-saturated wipe daily reduced the risk of the deadly infection *Clostridium difficile* by 33%.

Hospitals need to translate all this research into action. Converting to single rooms may not be feasible, but at the very least medical facilities should focus on thoroughly cleaning surfaces around a patient's bed and testing surfaces to be sure the cleaning is done. Hospitals did such testing routinely until the 1990s, when antibiotics replaced attention to hygiene.

No one who survives a bullet in the brain should have to worry that a germ around the bed will be deadlier.

McCaughey is chairwoman of the Committee to Reduce Infection Deaths (hospitalinfection.org).