



Physician, Wash Thyself

Betsy McCaughey, 11.11.02

If hospitals revealed how many people get sick in their care, the infection rate would drop.

You've seen the advertisements imploring you to use this or that hospital. They boast they have the best doctors or give the best care. But one fact you won't see advertised is how many patients pick up an infection while hospitalized. Hospitals are doing their best to keep their infection rates secret.

It's no wonder. One out of every 20 hospital patients gets an infection. That's 2 million Americans a year. An estimated 90,000 of them die as a result. Some infections are unavoidable. For elderly patients and patients with immune systems weakened by cancer or AIDS, infection is often the last stage in a long illness.

But one-third to three-quarters of infections are preventable, according to varying estimates. The most effective way to cut down infections is for doctors and other staff to wash their hands between treating patients, according to the Centers for Disease Control & Prevention. Research shows that physicians clean their hands between patients only 48% of the time. "Even at the best hospitals," the figure is only 60%, says Dr. **Beth Raucher** of Beth Israel Medical Center in New York City. Staffing shortages, too few sinks and other excuses are offered for the lack of hand washing. "To be perfectly blunt, one reason doctors don't do it is that we are under so much pressure from HMOs to see as many patients as possible," says Dr. **Ernest Atlas**, an infectious disease expert in Connecticut.

Other entry points for infection are intravenous (IV) and urinary tract catheters, tubes that allow liquids to enter or leave a patient's body. Catheters need to be changed often, used less, and inserted and removed under sterile conditions. Doctors complain that hospitals are putting cost-cutting ahead of infection control by doing away with specially trained IV teams and cutting back on some precautions for sterilization.

Another problem is the liberal use of antibiotics at many hospitals. That increases the infection danger, because germs develop resistance to one antibiotic after another.

What can lower hospital infection rates? For starters, patients can try to protect themselves. Get out of the hospital as quickly as possible. Keep a hospital-approved hand cleaner at your bed and ask staff to use it. Request that only essential personnel be in the operating room (allowing medical students could increase your risk). Ask surgeons for their infection rates; they know them.

But most important, you should be able to compare infection rates for hospitals. The risk of getting an infection at New York-area hospitals varies from 1% to 15%, according to **David Perlin**, scientific director of the Newark, N.J.-based Public Health Research Institute. Wouldn't you want to know which hospitals to avoid? Disclosure will pressure them to clean up their act. That, in turn, will save money for taxpayers footing Medicare and Medicaid and for employers who pay for their workers' insurance. A serious bloodstream infection can add \$30,000 to a hospital bill.

Twenty states now collect data on adverse events, including infections that lead to serious harm or death; nearly all accede to the hospital industry's demand for secrecy. On a federal level the CDC collects infection data from a few hundred hospitals out of the thousands in the nation, and it pledges to keep the information secret.

Why the cover-up? One argument against disclosure is that infection report cards would discourage hospitals from treating the sickest patients. Fair enough, but rates can be adjusted so that hospitals treating AIDS and cancer patients won't be judged against hospitals treating healthier patients.

New York State's experience with another type of disclosure suggests that it works. Once the state began publishing coronary bypass surgery death rates hospital by hospital (adjusted for patient mix), deaths declined.

Britain is taking a step in the right direction. In February, after London's teaching hospital infection rates soared to among the highest in England, the National Health Service started publicizing the names of infection-ridden hospitals.

Concealing the information may help save face, but it won't save lives. It's time for infection report cards.

By Betsy McCaughey, adjunct senior fellow at the Hudson Institute; former lieutenant governor of New York State.