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## Saving lives and the bottom line

Hospitals must answer growing pressure to act on homegrown infections

By Betsy McCaughey

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Every day in hospitals across the U.S., wondrous medical procedures rescue patients from the brink of death. But there's a catch: In these same hospitals, hygiene is so inadequate that one in 20 patients contracts an infection.

Infections that have been nearly eradicated in some countries are raging through American hospitals. The danger is worsening, because, increasingly, these infections cannot be cured with commonly used antibiotics. In 1974, 2% of staphylococcus aureus infections were methicillin-resistant. By 2003, that rate had soared to an alarming 57%, and it's still rising.

Denmark, Finland and Holland once faced similar rates but brought them down below 1%. This was accomplished through rigorous hand hygiene; meticulous cleaning of equipment and rooms in between patient use; testing incoming patients to identify those carrying methicillin-resistant staphylococcus aureus, or MRSA, and other bacteria; and taking precautions to prevent the spread of these bacteria, from positive patients to others on gloves, hands, clothing, equipment and furniture.

A few hospitals in the U.S.-too few-are proving these precautions work here, too. The University of Virginia Medical Center, Veterans Affairs Pittsburgh Health System, University of Pittsburgh Medical Center-Presbyterian and a coalition of 29 healthcare institutions in Iowa have reduced drug-resistant infections by 85% or more in pilot programs. Their successes are documented in a newly released report, Unnecessary Deaths: the Human and Financial Costs of Hospital Infections, available at [hospitalinfection.org](http://hospitalinfection.org).

We have the knowledge to prevent infection. What has been lacking is the will. Most hospitals have not made preventing infection a top priority. The federal Centers for Disease Control and Prevention is also to blame. The CDC has tracked the rapid rise in drug-resistant hospital infections for a quarter century, but hasn't advocated the rigorous precautions that can stop them.

Numerous studies demonstrate that bacteria spread from patient to patient as much as 15 times faster under standard CDC precautions as under the more rigorous precautions used in Denmark, Finland, Holland and the few hospitals here that are eradicating infection. Yet still, the CDC delays calling on all hospitals to implement these rigorous precautions, costing thousands of needless deaths and billions of dollars.

Can hospitals afford to take these more rigorous precautions? They can't afford not to.

Infections erode hospital profits, because rarely are hospitals paid fully for the added weeks or months of care when patients get infections. For example, Allegheny General Hospital in Pittsburgh would have

made a profit treating a 37-year-old video programmer and father of four who was admitted with acute pancreatitis, but the economics changed when the patient developed an MRSA bloodstream infection. He had to stay in the hospital 86 days, and the hospital lost \$41,913, according to research by Richard Shannon, chairman of the Department of Medicine at Allegheny.

Similarly, a woman came into the hospital for stomach-reduction surgery, a procedure that should have produced a \$9,900 gross profit for the hospital. But when she developed a central line-associated bloodstream infection and had to spend 47 days in the hospital, that profit turned into a \$16,000 loss.

Allegheny reduced central-line-associated bloodstream infections by 90% and deaths from them by 95%, saving \$1.4 million the first year.

Nosocomial infections cost hospitals more than \$30 billion annually. Where does that figure come from? Two million infections per year times the \$15,000 average additional hospital cost of treating an infection.

If cost is not enough to motivate hospital executives and board members to reduce infections, they now face three other pressures. The first is from trial lawyers. Remember asbestos? Hospital infection is the next asbestos. The infection problem has all the hot-button essentials of a successful class-action lawsuit: 2 million helpless victims per year, copious evidence that infections are preventable and a consistent pattern of failure to act.

The second pressure is public disclosure. Hospitals in many states will soon be compelled to come clean about their infection rates. Six states-Florida, Illinois, Missouri, New York, Pennsylvania and Virginia-recently enacted laws to provide the public with risk-adjusted hospital-infection report cards, and several other states are poised to follow.

Finally, shoddy infection control is poor preparation for an avian flu epidemic and poor homeland security. How can hospitals that lack the discipline and staff training to stop ordinary bacterial infections from spreading from patient to patient by touch possibly contain avian flu, which can be spread not only by touch but also by droplets when patients sneeze or cough? How can these hospitals contain a bioterrorism pathogen such as smallpox, which can spread invisibly in the air?

One of the best steps hospitals can take to prepare for these possible crises is to improve day-to-day infection control by adopting the more rigorous precautions advocated by the Committee to Reduce Infection Deaths and described in Unnecessary Deaths.

Every day you hear about health problems such as the uninsured. The Institute of Medicine estimates that as many as 18,000 people may die prematurely because they don't have health insurance. But consider this even more tragic fact: Five times that many people die each year from hospital infections, and most of them are insured. That's why I founded the Committee to Reduce Infection Death-to help clean up this deadly problem.

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