



Clean Hands

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BY Robert Langreth

When Elizabeth (Betsy) McCaughey was lieutenant governor of New York in the 1990s, forging a combative reputation for clashing with Governor George Pataki and her own party, she kept hearing from bereaved constituents whose loved ones had entered the hospital for treatment, only to die from infections they got there.

Today she lobbies hospital officials to clean up their act. As founder of the nonprofit Committee to Reduce Infection Deaths, McCaughey pushes the medical establishment, regulators and lawmakers to crack down on hospitals for lax habits that let infections run rampant. On a meager budget of all of \$300,000 this year, she barnstorms the country, giving speeches, doing dozens of TV appearances and lobbying states to pass laws forcing hospitals to publicly disclose their infection rates. Seven states have passed such legislation; New York did so last year.

"I want to effect change," says McCaughey, who was married to billionaire Wilbur Ross Jr. for two years. Her message: Most infections are preventable with simple control measures; preventing outbreaks "can actually make hospitals much more profitable" because only a fraction of the extra cost of treating infections is covered by Medicare, she says.

McCaughey also rails against the U.S. Centers for Disease Control & Prevention for inadequate focus on the latter--prevention. "CDC guidelines are an excuse for hospitals to do too little," she charges. "The CDC spends too much time listening to hospitals and too little time listening to patients and grieving families." The CDC says that it already touts many of her steps.

Her blunt criticisms find plenty of support among doctors. "Hand-washing can be the most powerful weapon on earth," says New York University infection expert Philip M. Tierno, yet studies show doctors often forget to do it. (For other ideas see www.hospitalinfection.org/protectyourself.shtml.)

Strict infection-control measures and prudent antibiotic use have let hospitals in the Netherlands avoid the resistant staph strains that plague most U.S. hospitals. Hospitals test patients to identify carriers of staph, which "colonizes" the nose when it is not causing infection. In the Netherlands at-risk patients go into isolation, and doctors who are carriers are sent home and can't return until they are cleared, says Margreet Vos, who heads infection control at Erasmus University Medical Center.

Resistant staph infections dropped 90% at the University of Pittsburgh Medical Center after it began testing incoming ICU patients for exposure to resistant staph strains and isolating carriers. "It saves money--and lives. There is no reason why this shouldn't be implemented in a universal way," says Carlene Muto, head of infection control at the medical center.

Medical technology firm BD hopes a fancy molecular test can help ferret out MRSA, a common drug-defying staph bug. The test spots resistant staph in two hours, versus two or three days for standard bacterial cultures. BD spent \$230 million earlier this year to acquire the small company

that developed the method. It is also developing fast tests for two other troublesome bugs, *C. difficile* and resistant enterococcus.

Evanston Northwestern Healthcare started using the rapid test last fall for incoming patients, treating carriers with a topical antibiotic. It has seen a 70% drop in hospital-acquired-staph bloodstream infections, says epidemiologist Lance R. Peterson, who devised the program. "You are going to see a tremendous explosion in this type of testing in the next decade," he says. But the BD test costs \$20, five times the cost of cultures.

Infection-control strategies are a hassle for hospitals. But if hospitals don't clean up their act, they could become the next big target for plaintiff lawyers, Betsy McCaughey says ominously. "I get e-mails frequently now from trial lawyers planning these lawsuits," she says. So far, she hasn't helped them.