Why Aren’t Hospitals Cleaner?

COMMENTARY: Not all deadly infections come from dirty hands. Check the lab coats

By Betsy McCaughey

Restaurants and cruise ships are inspected for cleanliness. Food processing plants are tested for bacterial content on cutting boards and equipment. But hospitals, even operating rooms, are exempt. The Joint Commission, which inspects and accredits U.S. hospitals, doesn’t measure cleanliness. Neither do most state health departments, nor the federal Centers for Disease Control and Prevention.

No wonder hospitals are dirty. New data presented in April at the annual meeting of the Society for Healthcare Epidemiology of America documented the lack of hygiene in hospitals and its relationship to deadly infections. Boston University researchers who examined 49 operating rooms found that more than half of the objects that should have been disinfected were overlooked. A study of patient rooms in 20 hospitals in Connecticut, Massachusetts, and Washington, D.C., found that more than half the surfaces that should have been cleaned for new patients were left dirty.

Germ-coated. Sad to say, cleanliness is not a priority for hospital administrators or most medical professionals. A new University of Maryland study shows that 65 percent of physicians and other medical professionals admitted they hadn’t washed their lab coat in at least a week, even though they knew it was dirty. Nearly 16 percent said they hadn’t put on a clean lab coat in at least a month. Lab coats become covered in bacteria when doctors lean over the bedsides of patients who carry the organisms. Days later the bacteria are still alive, repeatedly contaminating doctors’ hands and being carried to other patients.

The CDC and other organizations urge caregivers to clean their hands between patients, and even advise patients to speak up and request that caregivers have clean hands (box, Page 85).

That’s a start, but it’s not enough. As long as hospitals are inadequately cleaned, doctors’ and nurses’ hands will be re-contaminated seconds after they are washed—when they touch a keyboard, open a supply closet, pull open a privacy curtain, or contact other bacteria-laden surfaces. In a recent Johns Hopkins Hospital study, 26 percent of supply cabinets were contaminated with a dangerous bacterium, methicillin-resistant Staphylococcus aureus (MRSA) and 21 percent with another stubborn germ, vancomycin-resistant Enterococcus (VRE). Keyboards are such reservoirs of deadly bacteria that a few hospitals are installing washable keyboards, including one that sounds an alarm if it isn’t disinfected periodically.

Hand to mouth. Stethoscopes, blood pressure cuffs, and EKG wires are used on successive patients without being cleaned. Studies published as long ago as 1978 warn that blood pressure cuffs frequently carry live bacteria, including MRSA, and are a source of infection. In a newly released British report, one third of blood pressure cuffs were found to be contaminated with Clostridium difficile, a germ that can cause lethal diarrhea if it enters via the mouth. It’s a short trip from a cuff to a patient’s bare arm, then to the fingertips and into the mouth. At a hospital in Galveston, Texas, where a burn patient became infected with VRE, molecular typing traced the bacteria to an unclean EKG wire. The VRE on the wire had been left behind by a patient discharged 38 days earlier.

The good news is that a simple solution—thorough cleaning with ordinary detergents and water—curbs the spread of deadly bacteria. When researchers at Rush University Medical Center in Chicago trained the staff to soak surfaces with detergent rather than merely spraying and wiping, and to clean commonly overlooked objects such as telephones, remote controls, and faucets, the spread of VRE to patients was reduced by two thirds.

The cash-strapped British National Health Service
recognizes that intensive cleaning is a bargain compared with
the cost of treating infections. By nearly doubling cleaning-
staff hours on one ward, a hospital in Dorchester reduced the
spread of MRSA by 90 percent, saving $1.5 times the added
cleaning costs.

Hospitals once tested surfaces for bacteria, but in 1970, the
CDC and the American Hospital Association advised them
to stop, saying testing was unnecessary and not cost effective.
MRSA infections since then have increased 32-fold, and nu-
merous studies have linked unclean hospital equipment and
rooms to infections. Yet the CDC’s latest guidelines still deem
routine testing for bacteria unnecessary. “If you culture on a
regular basis, you’re always going to find something,” says
Denise Cardo, who runs the CDC’s division of healthcare qual-
ity promotion. “You don’t want the labs to be used for that
instead of tests on patients.”

Are we to believe that it is less important to test for bacteria
in operating rooms than in hot dog factories?

Testing is essential because bacteria are invisible. A study
in the Journal of Hospital Infection showed that 76 percent
of various hospital sites checked by researchers had unac-
ceptably high levels of bacteria, although only 18 percent of
them looked dirty. In another study, Boston University re-
searchers found that cleaning improved significantly once they
sampled surfaces for bacteria and showed cleaning personnel
the areas they had missed.

Unreasonable standard? You’d think that a hospital accredited
by the Joint Commission would be clean, but it’s no guarantee.
California hospital inspectors, investigating complaints from
the public, found that 25 percent of hospitals where conditions

BEFORE YOU CHECK IN...

If your hospitalization is
prescheduled, heeding
these tips before you go will
lower the likelihood of in-
fection while you’re there.

Bug the surgeon. Surgeons
know their infection rate for
each of the procedures they
perform. Don’t be afraid to
ask about a surgeon’s in-
fecion rate for your proce-
dure. Choosing a surgeon
with a low infection rate
could save your life.

Get tested. Ask your doctor
to test you for MRSA, a po-
tent strain of bacteria that
shrugs off all but the most
powerful antibiotics. You
might be carrying it in your
nose or on your skin. It
generally won’t make you
sick unless it gets inside
your body—usually via a
catheter, a breathing de-
vice, or a break in the skin
such as a surgical incision.

A simple nasal or skin swab
will tell the tale. If you test
positive for MRSA, precau-
tions can be taken, includ-
ging giving you the correct
antibiotic before surgery.

Debug yourself. Begin
showering daily with chlor-
hexidine soap five days
ahead of a scheduled surgi-
cal procedure. The soap,
available without a prescrip-
tion, helps remove bacteria
lurking on the skin, waiting
to invade an incision. Re-
member that a cesarean
delivery is surgery, too.

Snuff the smokes. Smoking
hampers circulation in the
body, impeding infection-
fighting blood cells. Pa-
tients who smoke are three
times as likely as nonsmok-
ers to become infected at
the site of their surgery.
Cut down. Better still,
quit, at least for a while.
were unsanitary had been inspected and accredited by the Joint Commission within the previous year.

If Joint Commission inspectors walk into a noticeably messy and unclean patient room, they will trace back to find out how that happened, explains Robert Wise, vice president for standards and survey methods. Otherwise, Joint Commission standards don’t specify how rooms should be cleaned or what bacterial levels are unacceptable. Asked whether bacterial levels should be measured, Wise answers: “You can only ask hospitals to do so much.” That seems to be the CDC’s attitude as well. For over 30 years, the CDC has been collecting monthly data recording a sharp rise in drug-resistant hospital infections. A new report from a nursing organization, the Association for Professionals in Infection Control and Epidemiology, shows that the CDC has consistently underreported MRSA in hospitals, giving them an excuse to do too little.

In 2005, health officials in Ireland and Scotland began rating hospitals annually for cleanliness—red (the dirtiest), amber, or green—and publishing the ratings. The first-year results made headlines, putting pressure on the worst Irish hospitals to clean up and earn higher marks in 2006.

In England last month, Gregory Barker, a member of Parliament, rolled up his sleeves and worked a shift with the cleaning staff at a hospital in his district. “Hospital cleaning is a vital part of patient care,” he said in a statement released by his office. Where are his counterparts in Washington, D.C.? Congress has been virtually silent about hospital infections—and no member has displayed any interest in picking up a mop.

Once in the hospital, taking these steps will help keep bugs at bay and bolster your resistance as well:

**Clip, please.** If body hair has to be removed, request clippers. A razor can create nicks that are like an open-house invitation to bacteria.

**Would you mind?** Ask the staff to clean their hands before touching you. If you’re worried about being pushy, a family member or friend can make the request. Keeping alcohol-based hand cleaner on the bedside table makes it easier to say apologetically, “Excuse me, but would you mind cleaning your hands with this so I can see you do it? Thanks. It would make me feel better.”

**Don’t trust gloves.** If caregivers don gloves without cleaning their hands first, or pull them on and touch the bedrail or privacy curtain, the gloves are contaminated.

**Keep germs at bay.** Wash your own hands often, avoid putting them to your mouth (an entry point especially for *C. difficile*), and don’t let your food or utensils touch furniture or bedsheets.

**Tube or not tube?** Avoid a urinary tract catheter if possible—it lets germs in as well as urine out. Sometimes catheters are used less for medical reasons than because a busy staff doesn’t have time to walk patients to the bathroom. Often a catheter is left in because it is out of sight beneath the sheets. By the third day, the risk of infection has increased substantially. If you must have a catheter, ask your doctor or nurse frequently: “Do I still need this?”