

INVESTOR'S BUSINESS DAILY

VIEWPOINT

Give Hospitals the Right To Bare Arms

Betsy McCaughey

The top domestic issue in British politics is clean hospitals. When Gordon Brown addressed the Labour Party last month, he promised the cheering crowd that all hospitals would be “deep cleaned” to rid them of superbugs such as methicillin-resistant Staphylococcus aureus (MRSA), which are killing an estimated eight thousand hospital patients yearly. He also ordered doctors in the British National Health Service to replace their long sleeved lab coats with freshly laundered short sleeved or sleeveless scrubs to curb the spread of germs from patient to patient.

Why aren't politicians in the U.S. pledging to clean up hospitals? New data in the October 17th issue of the Journal of the American Medical Association show that MRSA infections are killing about twice as many people in the U.S. as the Centers for Disease Control and Prevention previously estimated. The new MRSA data are based on actual laboratory results rather than on what hospitals tell the CDC, admit to families, or report on death certificates.

If the same methodology were applied to quantify deaths from all hospital infections (not just MRSA), the U.S. death toll would be substantially larger than the current CDC estimate of 100,000 a year. How much larger is still unclear, but how many must die to get the attention of U.S. politicians?

These deadly infections are largely caused by unclean hands, inadequately cleaned equipment, contaminated clothing and surfaces in hospitals. Boston University researchers surveying 49 operating rooms at four New England hospitals found that over half the surfaces that were supposed to be disinfected were overlooked by cleaners. A follow up study of 959 patient rooms in hospitals in Washington D.C., Connecticut and Massachusetts concluded that 52% of surfaces that were supposed to be cleaned before a new patient is admitted were left unclean. Why are hospitals so dirty? Because they are allowed to be. In most cities, restaurants are inspected once a year for cleanliness, but not hospitals, not even operating rooms.

At an academic hospital in Galveston, Texas a burn patient became infected with a drug-resistant superbug, vancomycin-resistant Enterococcus, (VRE) and molecular typing linked the infection to an unclean EKG wire where the germ had lingered for 38 days.

Superbugs can live for ninety days on labcoats and uniforms, repeatedly contaminating the hands of staff wearing them and carrying germs from patient to patient. A new

University of Maryland study reveals that 65% of doctors and other medical professionals admit they change their lab coat less than once a week, though they know it's contaminated. Fifteen percent say they put on a clean one less than once a month.

Hygiene is critical to prevent the spread of today's superbug threats, such as MRSA and VRE, but it will also be vital to stop the next germ threat, Clostridium difficile or "C. diff." Researchers at the national meeting of the Infectious Disease Society of America last month warned that C. Diff is the "new epidemic," It killed more people in England last year than MRSA, and the same, especially virulent strain has already invaded some American hospitals.

C. diff causes watery diarrhea, and is usually spread by oral-fecal contamination, meaning traces of one patient's feces enter another patient's mouth. Poor hygiene is obviously the cause. At a teaching hospital in Philadelphia, three patients who consecutively occupied the same room came down with C.Diff. One died. A Journal of Hospital Infection study showed that one third of blood pressure cuffs rolled from room to room were contaminated with C. diff. When C. diff infections quadrupled at the University of Pittsburgh-Presbyterian Medical Center in 2000, researchers found that rigorous cleaning with bleach helped curb the outbreak.

Can hospitals afford to clean up? They can't afford not to. Infections erode their profits. When a patient contracts an infection and spends weeks extra in the hospital, the hospital is not reimbursed for most of that care (nor should it be). Hospital infections are adding \$30.5 billion a year to the cost of hospital care. That figure is almost as large as the entire budget for Medicare's Part D drug benefit.

Gordon Browne insists that even the cash-strapped British National Health Service can afford a major cleaning effort. When a hospital in Dorchester England nearly doubled cleaning staff hours on one ward, MRSA transmission dropped 90% during the next six months and not one patient developed an MRSA infection. Savings from preventing infections amounted to three and one half times the added cleaning costs.

Politicians in the U.S. should take a page from Gordon Brown's clean hospital initiative. Instead, the presidential candidates are focused on one health issue: the number of uninsured. The Institute of Medicine estimates that 18,000 people die prematurely each year because they lack health coverage and consequently get too little medical care or get it too late. That's tragic. But more than five times that many people are killed by hospital infections each year and most of them have insurance. What plans do the presidential candidates have to clean up this deadly problem?

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