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Ky. efforts targeting infections in hospitals

Legislation, medical group disagree on approaches

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After knee replacement surgery at a Lexington hospital, Orvil Hazelton said he got a staph infection that ultimately cost him his left leg.

Hazelton, whose leg was amputated just above the knee in 2006, is one of a growing number of people who get infections most antibiotics can't cure.

"Hospitals don't do enough to stop the spread," said the 61-year-old Lexington retiree.

Two new initiatives seek to change that by targeting hospital-associated infections that federal officials estimate strike 2 million Americans a year, kill 100,000, and could be reduced if hospital workers simply washed their hands more often.

Legislation before the Kentucky General Assembly, House Bill 67, calls for screening and control of infections resistant to most antibiotics — and public reporting of rates.

"There's always a demand by the public to clean up the hospitals," said Sen. Tom Buford, R-Nicholasville, vice chairman of the Senate Health and Welfare Committee.

A collaborative, created in part by the Kentucky Hospital Association, attacks the problem differently.

It targets one germ, methicillin-resistant *Staphylococcus aureus*, or MRSA, with a "toolkit" containing guidelines, sample policies, posters and other material designed to complement what hospital officials are already doing to contain a germ that causes about 94,000 serious infections and 19,000 deaths a year nationally.

That effort includes voluntary and confidential reporting of cases. Data collection by the association started Jan. 1. Hospital officials said making rates public is problematic because there are no national benchmarks for comparisons, and even states that do require reporting don't necessarily do so in the same way.

"We cannot support public reporting," said Elizabeth Cobb, vice president for health policy at the association, who is leading the effort.

Linda Goss, University Hospital's director of infection prevention and control, said she likes the idea of transparency, but "you would not want the general public to look at something and misinterpret it."

Officials and experts said people commonly equate high rates of MRSA with unclean hospitals, but other factors could be at play. Large hospitals handling complex procedures like transplants, for example, may have sicker patients, and therefore higher rates of infection.

But Dr. Kevin Kavanagh, a Somerset physician who directs the nonprofit Health Watch USA, said the rates should be public.

"Restaurants get a public report on their hygiene; hospitals should too," Kavanagh said. "The consumer has an absolute right to know."

Both sides agreed on one thing: "This is a huge problem," Kavanagh said. "They need to address it — and right now."

Infections on rise

Experts said hospital infections are rising, and MRSA is of particular concern, accounting for more than 60 percent of all staph infections nationally, compared with 2 percent in 1974.

There are several reasons — sicker patients with weaker immune systems, higher numbers of invasive procedures, visitors bringing in germs. But most important, many argue, studies show that fewer than half of hospital workers properly disinfect their hands.

"I know that I asked for my technicians to wash their hands before they touched me," said Hazelton, who has spoken about his case publicly, including at a recent health care conference in Lexington.

Hazelton said he became tired and feverish following the second knee replacement on his left leg at St. Joseph East in 2002. Doctors took out the artificial knee and left the wound open, he said, confining him to a hospital bed at home. He was diagnosed with a general staph infection, he said, and later MRSA. He had two more knee replacements, and underwent various treatments before the amputation. St. Joseph wouldn't comment on the former patient's case, citing confidentiality.

"I'm not mad at anybody," Hazelton said. "I am for making the hospitals accountable."

Rosemarie "Sandy" Martin of Louisville agreed. Martin, 65, had surgery for colon cancer at Jewish Hospital in 2002.

Four months later, she discovered she had MRSA. She was among dozens of people from across Kentucky and Indiana who filed lawsuits against Jewish over infections, with allegations officials strongly denied. Her case was among many dismissed after the two main lawyers said they couldn't afford to continue to pursue the matter.

Hospital spokesman Jeff Polson said the hospital company would have preferred the case had a full hearing in court, but Martin said she was ready to move on with her life.

"I almost died about three times," she said. "If people knew (hospitals) had a high rate of infections, they wouldn't go to those places."

Experts and hospital officials point out, and patients acknowledge, that although most MRSA occurs among patients who have undergone medical procedures, there is also plenty of MRSA in the community, and it can be difficult to pinpoint where an infection originated. The U.S. Centers for Disease Control and Prevention identify three groups of patients: community-associated, with no known risk factors; health care-associated, community onset, including those who have been hospitalized in the past year; and health care-associated, hospital onset.

Reporting inconsistent

Nationally, 27 states require reporting rates of infections associated with health care, and 10 require reporting of MRSA in particular, according to the Association for Professionals in Infection Control and Epidemiology. Kentucky hospitals must report the infections only when they are part of an unusual outbreak.

Under the proposed bill — filed by Rep. Melvin Henley, D-Murray, at the request of a group of nurses — a hospital would have to report its infection rates to the state and practice infection prevention and control procedures, including screening of patients upon admission. After three violations, a hospital could lose its license.

Hospital officials said they support the bill's intent, but in addition to rejecting public reporting, they echoed Janice Lattus, infection control coordinator at Baptist Hospital East.

"Much of what's on that bill we already do," she said.

At her hospital, she said, they track cases internally and monitor hand hygiene among staff, finding it has "really, really improved."

Lattus and officials at University Hospital, Norton Healthcare, St. Joseph Health System and Jewish Hospital & St. Mary's HealthCare all said they take aggressive measures to reduce infection, including hand hygiene, isolating infected patients and posting and handing out prevention information within the hospital and to visitors.

Dr. Steve Hester, chief medical officer at Norton, said his hospital goes as far as measuring the volume of hand sanitizer in dispensers to ensure it's being used.

Some Kentucky hospitals also participate in a voluntary and confidential CDC reporting effort. Dr. Lynn Simon, chief medical officer for Jewish and St. Mary's, said that reporting system ranks Jewish among the best-performing quarter of participating hospitals.

All hospital officials contacted for this story said they are participating in the MRSA Collaborative, in which the Kentucky Health Association has joined with the universities of Louisville and Kentucky, the Kentucky Department for Public Health and Health Care Excel of Kentucky. In addition to using the group's information, officials said they will report hospital-acquired infections through a system that allows them to see only overall averages and their own rates.

"This is going to help us identify some really successful programs in the hospitals," said Cobb, whose agency has access to all the data.

Dr. Rajiv Jain, chief of staff at the Veterans Affairs Pittsburgh Healthcare System, said MRSA cases in his hospital dropped from about 60 a year before 2001 to less than 20 today by screening patients with a nasal swab when they came in and emphasizing clean hands, isolation and use of gowns.

"It's not rocket science," he said. "It's very doable."

Reporter Laura Ungar can be reached at (502) 582-7190.

Additional Facts

ABOUT MRSA

What it is: MRSA, or methicillin-resistant *Staphylococcus aureus*, is a strain of staph resistant to broad-spectrum antibiotics. Most infections occur in health-care settings.

Symptoms: Skin infections generally start as small red bumps that can quickly turn into abscesses. Bacteria can also penetrate the body, causing potentially life-threatening infections in bones, joints, the bloodstream, heart valves and lungs.

Causes: Staph is normally found on the skin or in the nose of about a third of the population. They are generally harmless unless they enter the body through a cut or other wound. Those with weak immune systems are at particular risk.

Risk factors: Current or recent hospitalization, living in a long-term care facility, use of such devices as feeding tubes or catheters, recent antibiotic use.

Treatment: MRSA still responds to certain medications. Doctors often rely on the antibiotic vancomycin to treat resistant germs in hospitals and health-care facilities.

Prevention: In the hospital, ask all staff to wash their hands or use an alcohol-based hand sanitizer before touching you and wash your own hands frequently; also use antibiotics for the full course prescribed.

— Source: *MayoClinic.com*
