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Stop hospital-borne infections

By Kevin Kavanagh
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Health-care Associated Infections (HAI) are a major and growing problem in the United States. Consumer advocacy organizations describe this problem as "Health-care Acquired Infections." This problem has continued to worsen with hospital stays for MRSA infections tripling since the year 2000 and increasing nearly tenfold since 1995. *Modern Health care* reports that MRSA is increasing at a rate which is eight times higher than predicted. C. difficile, another resistant and deadly organism, is increasing at a rate of 10 to 20 times greater than expected. And according to the *American Journal of Infection Control,* Kentucky has the sixth highest rate in the nation of C. difficile found in hospitalized patients.

According to the CDC, the yearly costs of these infections are staggering, an estimated $28 to $33 billion in excess healthcare costs in an estimated 1.7 million patients in 2002. The excess cost of HAI has been estimated by the state of Oregon at $32,000 per patient and by researchers affiliated with AHRQ at $38,656. The CDC states that MOST of these infections are preventable.

In the 2008 Kentucky General Session, Sen. Vernie McGaha, R-Russell Springs, submitted SB183 which required MRSA surveillance cultures and public reporting of heath-care associated (acquired) infections. During the meeting, the testimony of all agreed that HAI was a major problem that needed to be addressed. The meeting was adjourned without taking any action and the bill killed administratively by taking over two weeks to make a few minor revisions.

In the 2009 Kentucky General Assembly, Rep. Melvin Henley, D-Murray, introduced a similar bill (HB 67), which never saw the light of day, in part because of what was an overestimated cost analysis which projected the cost of each surveillance culture at $100 when the year before testimony placed the cost between $10 to $30.

The preponderance of the literature, including large studies from Northwestern University and Beth Israel Hospital, has found that with proper intervention MRSA surveillance cultures do reduce hospital acquired infections. But there has been much resistance to mandatory surveillance cultures within the health-care industry.

Several new organisms are emerging which cause nearly untreatable infections. These include strains of Klebsiella (CRK), Enterobactriaceae and Acinetobacter. The CDC has recommended aggressive containment procedures including surveillance cultures in containing CRK.

Market pressures can also be used to lower the incidence of infections. Public reporting of HAI is now in the process of implementation in 27 states, up from the 20 states when SB 183 was submitted. Many of these state houses passed their bill unanimously. Kentucky is being left behind in the dust.

Medicare has defined many HAI as "Never Events" as having largely preventable adverse outcomes;

the hospital care for these events will no longer be reimbursed. Kentucky state Medicaid should adopt Medicare "Never Event" regulations. This would not only promote quality but save desperately needed health-care dollars.

The one caveat on public reporting is that the General Accounting Office (GAO- 08-808, p.40) has questioned accuracy in reporting by some hospitals unless oversight is also performed by the state. I found it very disturbing that the main caveat given relates to the lack of honesty with health-care providers.

The good news is that on April 1, Dr Richard Besser, director of the Centers for Disease Control and Prevention, reported that with aggressive implementation guidelines, HAI can be reduced as evidenced in Pennsylvania, New York and Michigan. And the National Health-care Safety Network (NHSN), a computerized reporting system provided by the CDC, ensures standardized reporting and tracking of specific pathogens. It is free for states and hospitals to use and is the cornerstone of many state reporting programs. He stressed that timely and accurate monitoring with increased participation by using the NHSN is necessary and that State health departments will "increasingly be required to address oversight and regulation of these expanding arenas of care." To aid states in this endeavor he announced a $40 million grant. Kentucky currently does not require mandatory reporting of individual cases but does require significant outbreaks of MRSA to be reported.

The problem is even attracting congressional attention with Sen. Bob Menendez, D-N.J., submitting S.1305 requiring contact barriers and, when possible, isolation of patients with MRSA, along with universal surveillance of patients; reporting and publication of infection rates, including MRSA.

Patient safety and our large state financial deficit demand that we swiftly act on this issue. Failure to do so will not only cause direct harm to patients but also continue to drive up costs, which may eventually reduce access to health care for the poorest segment of our society.

Our state needs to take an active and aggressive policy of mandatory public reporting and tracking of HAI. Kentucky should become a leader in health care, but if Kentucky always waits for the majority of other states to act, we will be relegated to being below average.

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