Are our hospitals making us sick?

Care facilities across the nation should be focused on reducing infections inside their walls. In Texas, one critic says, lawmakers have 'punted' on the problem. So have many others.

By ANNE BELLI
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JOAQUIN Claveria was an old man with a history of heart conditions when he checked into Methodist Hospital in Houston nearly two years ago with chest pains.

He died three months later — but not because of his age or any pre-existing condition, family members said. While hospitalized, they said, Claveria acquired an especially hard-to-treat infection that did not completely respond to antibiotics.

"I knew my dad was going to die someday; he was 88 years old," said Houston resident Raquel Sanchez. "But he didn't have to die that way. He could have lived longer."

Methodist officials declined to discuss Claveria's case, saying it would be inappropriate to do so.

But they and officials with other large hospitals in the Houston area acknowledge that patient infections do happen within their walls, and they happen more than they would like.

No Texas hospital is required to tell the public how many infections its patients get each year. A new state law may ultimately lead to that requirement. Meanwhile, hospital administrators nationwide are stepping up efforts to reduce them.

"Any time you walk into a hospital, the risk is there," said Dr. Thinh Tran, vice president of operations at Methodist. "Infection control is everyone's job."

Like officials at other area hospitals, Tran said Methodist's infection rates "compare very favorably" to national benchmarks set by the U.S. Centers for Disease Control and Prevention.

Still, he and others say that even one infection is too many.

Every year, about 90,000 patients die nationwide and 2 million more become ill from hospital-acquired, or nosocomial, infections that they get while being treated for other conditions, according to the CDC.

With the cost of treating those cases sometimes surpassing $50,000 apiece, the CDC estimates $5 billion is added to annual health care costs, mostly as the result of the extra days infected patients must remain hospitalized.

But those estimates, reported in 2000, may be outdated and too low. At least that's what a report released earlier this month by an independent agency in Pennsylvania suggests.

The report, by the Pennsylvania Health Care Cost Containment Council, said 11,600 people in that state became ill from hospital-acquired infections last year and that 1,793 of them died. In what the Consumers Union says is the first detailed look at infection rates by a state, the council estimated the infections cost Pennsylvania hospitals $2 billion to cover an additional 205,000 days of hospitalization.

"I want people to know this problem exists," said Sanchez, adding that her father's medical bills topped $60,000 because of prolonged stays at Methodist. "I want people to know it can kill you."

In this day of so-called consumer-driven health care, which nudges hospitals to be more transparent about the quality of their services, groups such as the Consumers Union, the New York-based Center for Medical Consumers and **the Hood River, Ore.-based Americans Mad and Angry** are calling for states to pass laws requiring them to publicly report their infection rates.

And an opinion piece published last week in the New England Journal of Medicine — and co-authored by Dr. Jane Siegel, professor of pediatrics at University of Texas Southwestern Medical School in Dallas — urges hospital officials nationwide to work with consumer groups to develop fair public reporting systems in every state.

Texas delay 'unnecessary'

The idea is that if there were such public accountability, hospitals would do a better job of consistently following established, proven guidelines for preventing needless deaths and illnesses caused by infections.

And the public would know which hospitals are doing a better job at it.

"There are always going to be some infections," said Reggie James, director of the southwest office of the Consumers Union. "But we believe that the vast majority are preventable and could be avoided if hospitals followed set procedures. So making them track and making them take it more seriously would help."

Slowly, lawmakers nationwide are beginning to agree. This spring, Virginia joined Illinois, Pennsylvania, Florida and Missouri and passed laws requiring hospitals to report their infection rates to the state.

A New York bill was signed by the governor Wednesday. And Nevada and Nebraska legislators passed watered-down versions requiring hospitals to report their infection rates to the state but not making the data available to the public.

In Texas, lawmakers are pondering the issue. During the most recent regular session they passed Senate Bill 872, establishing a 14-member advisory panel to recommend how the state should collect infection-rate information. The panel will report to the Legislature in 2006, and many hospital administrators think mandatory public reporting in Texas is just a matter of time.

"It beats a sharp stick in the eye," James said of the measure. "It acknowledges that hospital infections are a problem and that more needs to be done. But there is an unnecessary delay. They didn't solve the problem, they punted the problem."

There are many ways patients acquire infections in hospitals, but the four most common are through urinary tract catheters, intravenous lines, surgical sites and ventilators, which can cause pneumonia.

Neckties can carry bacteria

The infections are passed on in countless ways — many times by nurses and doctors who haven't sanitized their hands before handling patients, sometimes through instruments that have not been thoroughly cleaned, even by doctors' neckties that carry bacteria from one patient room to another.

What's more, some of these infections — including the methicillin-resistant staph infection — are resistant to common antibiotics.

People with weaker immune systems, such as the elderly and infants, are more susceptible to infection, experts say. So are surgery and intensive-care unit patients, who are more likely to be hooked up to intravenous lines, catheters and ventilators.

Most infection-control experts think increased hand-washing by nurses, doctors and other hospital staff is one of the easiest and most effective ways to significantly reduce infections.

The CDC, which pushes for stronger adherence to hand-washing policies, also has established lengthy guidelines focusing on the four major ways patients get infections.

And several initiatives by nonprofit groups aim to reduce infections as well. One such program is the 100,000 Lives Campaign by the Institute for Healthcare Improvement, which hopes to save that many lives by July 2006 by cutting down on medical errors.

Hospital participants pledge to follow set procedures proven to prevent avoidable infections and other medical injuries and report results of their efforts as part of the program.

In the Houston area, 26 hospitals participate in the program, including Methodist, all nine hospitals in the Memorial Hermann Healthcare System, St. Luke's Episcopal Hospital, the three hospitals of Christus Health Gulf Coast, Texas Children's Hospital and the University of Texas M.D. Anderson Cancer Center. At least as many do not participate.

Timing of antibiotics key

In addition, the American Health Quality Association recently reported that 56 hospitals participating in a yearlong nationwide collaboration between 2002 and 2003 cut their combined surgical site-infection rates from 2.3 percent to 1.7 percent by following set procedures.

Among those measures was the administration of antibiotics to patients within an hour of incisions, closely monitoring their glucose levels during surgery (higher levels mean higher risk

of infection) and discontinuing antibiotics 24 hours after surgery, as opposed to 48, to prevent resistance to the drugs.

Memorial Hermann The Woodlands Hospital participated in the collaborative effort under the direction of orthopedic surgeon Kelly Blevins.

Blevins said that after spearheading the effort among his patients, he has expanded the program throughout the department, as well as into other surgery departments at the hospital.

"We started out using my total joint (replacement) patients as an index group to develop a protocol that would be rolled out to everyone," Blevins said.

Those efforts are just part of the overall infection-control program within the Memorial Hermann system, said Dr. Ed Septimus, medical director of infectious diseases at the system.

Among the measures taken are elevating the heads of intensive-care patients to reduce the chance of ventilator-acquired pneumonia and encouraging nurses to remind doctors to wash their hands or put on masks when they see them forget.

Surgeons such as Blevins wear special garments resembling space suits that prevent the shedding of even the tiniest amount of skin or hair that could lead to infections in patients undergoing joint replacements.

Septimus said to better track the incidence of infections, two of Memorial Hermann's hospitals are part of a project with BlueCross BlueShield of Texas that allows staff to mine data for infection trends.

Once problem areas are defined, in a particular department or among a certain type of patient, for example, infection-control personnel can hone their efforts to reduce the risk of infections there, Septimus said.

Looking for high-risk cases

The project has met with "significant success," he said, and allows his staff to conduct detailed analyses of the costs associated with treating those infections.

Officials at Methodist recently struck a similar contract with Blue Cross to analyze infection data at its Texas Medical Center hospital, Tran said.

"This will help us comb through thousands of pages of information related to the care of patients and find areas of potential risk," he said.

He said hospital staff try to determine the infection-risk level of patients as they are being admitted.

"A patient with diabetes that is coming in with surgery may have a higher risk," Tran said. "So we actually tailor with treating physicians a plan to identify anything that we can do to mitigate the risk."

Technology also is helping administrators control the spread of infections within the 70-hospital Tenet system nationwide, said Dr. Jennifer Daley, senior vice president for clinical quality and chief medical officer of the Dallas-based group.

Many of its hospitals, including Cypress Fairbanks Hospital and Park Plaza Hospital in Houston, are hooked up to Tenet's "eIC" software system, which allows staff to cull through computerized lab reports every day looking for infections among patients.

Not only can treatment be started immediately, but the staff responsible for those patients are immediately coached, Daley said.

"We also encourage our patients to ask the nurses to wash their hands," Daley said. "The No. 1 thing that matters is hand-washing."

Most local hospital operators say they follow the CDC guidelines for infection control. But consumer advocates note that the guidelines are not enforceable, and there is no way of knowing without mandatory public reporting that the hospitals are tracking their rates.

Daley said patients have a right to know such information. But, she warned, public reporting systems must be uniform in the way they collect and document information.

"As a patient, I would sure like to know what the infection rate is of the hospital I was about to check into for surgery," she said.

"Tenet is about transparency, as long as it is all measured the same way by everyone," she added.

Public reports coming

In the New England Journal of Medicine article, Siegel warned that statewide reporting systems must take into account the patient populations of hospitals.

A hospital that performs more high-risk surgeries or caters to sicker patients, for example, may have a higher infection rate than one that does not, she noted.

Those set standards and mandatory public reporting likely are on the horizon, not just in Texas but across the country, she and others said.

"I recently told all of my CEOs that they have to be ready for this, that within two years I think hospital-acquired infection rates will be publicly reported," Daley said.

That would be a welcome change, said Sanchez, who had traveled to Austin during the last regular session to tell lawmakers the story of her father.

"My father didn't ask for this," she said. "It was given to him."