



## Infection Prevention Increases Profits

By Betsy McCaughey

Published January 30, 2006

Westchester residents, like most Americans, are paying with their pocketbooks and their lives for poor hygiene in their hospitals.

Infections that have been nearly eradicated elsewhere are raging through the county hospitals. One out of every 20 patients contracts an infection in the hospital. The danger is worsening because, increasingly, these infections cannot be cured with commonly used antibiotics. In 1974, 2 percent of staphylococcus aureus infections were methicillin resistant (or MRSA). By 2003, that figure had soared to an alarming 57 percent, and is still rising.

Denmark, Holland and Finland once faced similar rates but brought them down below 1 percent. How? Rigorous hand hygiene, meticulous cleaning of equipment and rooms in between patient use, testing incoming patients to identify those carrying MRSA and other bacteria, and taking precautions to prevent the spread of these bacteria from positive patients to others on gloves, hands, clothing, equipment and furniture.

A few hospitals in the United States are proving these precautions work here too. The University of Virginia Hospital, the Veterans Hospital in Pittsburgh, the University of Pittsburgh Medical Center-Presbyterian Hospital and a coalition of 29 health-care institutions in Iowa have reduced drug-resistant infections by 85 percent or more in pilot programs. Why not hospitals in Westchester County?

Can hospitals in Westchester afford to take these more rigorous precautions? They can't afford not to.

### **IMPACTING HOSPITAL REVENUE**

Infections erode hospital profits because rarely are hospitals paid fully for the added weeks or months of care when patients get infections. For example, Pennsylvania's Allegheny Hospital would have made a profit treating a 37-year-old video programmer and father of four who was admitted with acute pancreatitis, but the economics changed when the patient developed a MRSA bloodstream infection. He had to stay in the hospital 86 days, and the hospital lost \$41,913, according to research by Dr. Richard Shannon, chairman of the department of medicine at Allegheny. Similarly, a woman came into the hospital for stomach reduction surgery, a procedure that should have produced a \$9,900 gross profit for the hospital. But when she developed a central-line-associated bloodstream infection and had to spend 47 days in the hospital, that profit turned into a \$16,000 loss. Allegheny reduced central-line-associated bloodstream infections by 90 percent and death from them by 95 percent, saving Allegheny \$1.4 million the first year.

Hospital infections add more than \$30 billion a year annually to the nation's hospital costs alone. Where does that figure come from? Two million infections a year times \$15,000 average additional hospital costs for treating the infection.

If cost is not enough to motivate hospital executives and board members in Westchester to reduce infections, they now face three other pressures. The first is from the trial lawyers. Remember asbestos? Hospital infection is the next asbestos. The infection problem has all the hot-button essentials of a successful class-action lawsuit: 2 million helpless victims a year, copious evidence that infections are preventable and a consistent pattern of failure to act.

The second pressure is public disclosure. In July, New York became the sixth state to enact a law providing the public with risk-adjusted hospital infection report cards. The Committee to Reduce Infection Deaths (RID) worked hard to get that law passed. Why? Because when you have to be hospitalized, you should be able to find out which hospital in your area has the worst infection problem so you can stay away.

Finally, shoddy infection control is poor preparation for an avian flu epidemic and poor homeland security. How can hospitals that lack the discipline and staff training to stop ordinary bacterial infections from spreading patient to patient by touch possibly contain avian flu, which can be spread by touch but also by droplets when patients sneeze or cough? How could these hospitals contain a bioterrorism pathogen such as smallpox, which can spread invisibly in the air?

One of the best steps hospitals in Westchester can take to prepare for these possible crises is to improve day-to-day infection control by adopting the more rigorous precautions advocated by the Committee to Reduce Infection Deaths and described in a new report: Unnecessary Deaths: the Human and Financial Costs of Hospital Infection (available at [www.hospitalinfection.org](http://www.hospitalinfection.org)).

Improving hospital hygiene saves lives. It will also help save hospitals from financial failure, reduce health-care spending, avert costly litigation and improve preparedness. It's time for Westchester's hospitals to take the lead in preventing hospital infections. The people of Westchester deserve no less.

Every day you hear about health problems such as the uninsured. The Institute of Medicine estimated that as many as 18,000 people may die prematurely because they don't have health insurance. But consider this even more tragic fact. Five times that many people die each year from hospital infections and most of them are insured. Having insurance is no guarantee that you will be safe in the hospital. That's why I founded RID -- to help clean up this deadly problem.

Betsy McCaughey is chairman of Committee to Reduce Infection Deaths. She is a former lieutenant governor of New York state.