

# War on hospital infections drags on

December 6 2011, By Rita Rubin

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At a time when most new moms are bonding with their babies, Cheri Stout-Robinson was hospitalized for treatment of flesh-eating bacteria.

Her C-section wound had become infected with Group A strep, a bacterium often found in the throat and on the skin that usually causes strep throat or impetigo, at worst. In rare cases, it can invade the blood, muscle or lungs and cause severe disease such as necrotizing fasciitis, the so-called flesh-eating bacteria.

Although the hospital disagrees, she is certain that someone involved in her care gave her the bug. Upon discharge, she says, her incision was painful and oozing; she was readmitted almost immediately with a 104-degree fever.

While Stout-Robinson was sicker than many, about one out of every 20 hospitalized patients will acquire an infection there, according to the [Centers for Disease Control and Prevention](#). Nearly 100,000 die each year from these infections; that number has leveled off after 15 or 20 years of rising. A 2009 CDC report estimated that hospital costs for treating infections spread in health-care settings was up to \$45 billion a year.

Bacteria that cause infections are ubiquitous in hospitals. They might not sicken healthy people, but patients are at higher risk. Their immune systems might be weakened, or, like Stout-Robinson, they might have an [incision](#) or a catheter that breaches the skin, the body's first line of defense against infection.

More than 60 percent of doctors' and nurses' uniforms tested at a hospital harbored potentially [dangerous bacteria](#), reports an Israeli study published Aug. 31. And Cleveland researchers found that health-care workers' gloved hands were just as apt to become contaminated with methicillin-resistant *Staphylococcus aureus*, or MRSA, after touching infected patients' call buttons as after touching their abdomens.

Yet something as simple as strict [hand hygiene](#) can prevent infections. In the September issue of the [journal Health Affairs](#), for example, University of North Carolina researchers describe changes in the North Carolina Children's Hospital pediatric intensive care unit. Simply attaching hand sanitizer dispensers to the walls outside patients' rooms and implementing a few low-cost preventive measures shortened hospital stays more than two days on average, reduced hospitalization costs by more than \$12,000 per case and cut death rates by 2.3 percent.

A sure way to reduce infections, patient advocacy groups insist, is to publish hospitals' infection rates. But some health professionals argue that compiling data takes too much time away from patients' bedsides.

"There has been little sense of urgency by the medical profession about this problem," says Lisa McGiffert, campaign manager for Consumers Union's Safe Patient Project, which has worked since 2003 to make individual hospitals' infection rates public. So far, McGiffert says, 29 states and the District of Columbia have such laws, although some of those states have yet to report any information.

What used to be referred to as "hospital-acquired infections" is now called "healthcare-associated infections" to reflect the growing amount of care provided outside hospitals, says Russell Olmsted, president of the Association for Professionals in Infection Control and Epidemiology and director of infection control and prevention for the St. Joseph Mercy Health System in Ann Arbor, Mich.

One documented major success, Olmsted says, has been a significant five-year drop nationwide in bloodstream infections from central lines - catheters, or tubes, inserted to infuse medications or nutrition - thanks to a five-step checklist.

Effective this past January, hospitals that receive Medicare payments for acute inpatient care must report central line-associated bloodstream infections that occur in the ICU. In 2012 and 2013, Medicare will add more infections to the list.

Eventually, Medicare will post the information on Hospital Compare, its consumer website.

Meanwhile, Stout-Robinson, who lives in Oklahoma City, is quick to warn everyone she knows about contracting the lethal Strep A infection after her younger son's birth. She spent 13 days in the hospital for treatment. She says she was cut open hip to hip so her surgeon could remove affected tissue and stop the [infection](#). "I missed my birthday. I missed Christmas. My baby was at home with my husband. He was scared I was going to die."

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