

Testimony of Betsy McCaughey, Ph.D., Chairman of the Committee to Reduce Infection Deaths to the House Committee on Government Oversight and Reform

April 15, 2008

by [Betsy McCaughey](#)

I am Dr. Betsy McCaughey, the founder and Chairman of the Committee to Reduce Infection Deaths (RID). RID is a national not-for-profit that educates hospital executives, doctors and nurses, patients, and lawmakers about how to prevent hospital infections.

Is the federal government doing enough to stop hospital infections? The answer is no, and the biggest culprit is the CDC. The CDC consistently understates the size and cost of this problem, and its lax guidelines give hospitals an excuse to do too little.

I am going to provide you with four pieces of information:

The size of the problem, the cost of the problem, and the two deadly mistakes of the CDC.

SIZE OF THE PROBLEM

The CDC claims that 1.7 million people contract infections in the hospital each year. The truth is several times that number. The proof is in the data.

One of the fastest growing infections is MRSA or "Mersah," which stands for methicillin resistant *Staphylococcus aureus*, a superbug that isn't treatable with commonly used antibiotics.

In 1993 there were fewer than 2000 MRSA infections in U.S. hospitals. In 2007, the largest ever survey of hospitals in the U.S. conducted by the Association of Professionals in Infection Control and published in the *American Journal of Infection Control*, found that 2.4% of patients had MRSA infections they contracted *in* the hospital. That's 880,000 thousand patients.

That's from one superbug. Imagine the number of infections from bacteria of all sorts, including killers such as VRE (Vancomycin resistant *Enterococcus*), *Pseudomonas*, and *C. diff* (*Clostridium difficile*.)

Dr. Julie Gerberding testified to this committee in November that MRSA hospital infections account for only 8% of total hospital infections.

The conclusion is obvious. Many millions of patients are affected by hospital infections each year. These facts discredit the CDC's official estimate of 1.7 million. The CDC's number is an irresponsible guesstimate based on a sliver of data from way back in 2002.

How can the CDC deal responsibly deal with a health threat if the agency relies on six year old data?

The problem doesn't stop there.

COST OF THE PROBLEM:

The CDC also consistently understates the cost of the problem.

When a patient contracts an infection, it adds on average \$15,275 in direct additional medical costs.

Every two million hospital infections add about \$30.5 billion dollars to the nation's health tab in treatment costs alone.

In view of the numbers you just heard, these infections are costing the nation at least as much as the entire Medicare Part D drug benefit, enough to pay for medications for all seniors.

What causes these infections: unclean hands, inadequately cleaned equipment and rooms, and lax procedures. The CDC is responsible for providing guidelines to hospitals to prevent infections, but their lax guidelines actually give hospitals an excuse to do too little.

WHAT IS NEEDED TO PREVENT THESE INFECTIONS: CLEANING AND SCREENING:

Cleaning:

For several years the CDC has emphasized the importance of doctors and nurses cleaning their hands. Cleaning hands is essential. But it's only the first step.

As long as hospitals are inadequately cleaned, doctors' and nurses' hands will become recontaminated seconds after they wash and glove, as soon as they touch a keyboard, or a privacy curtain, or a bedrail. How dirty are hospitals? A recent survey of 49 operating rooms in 4 New England hospitals found that over half the surfaces in the operating room that were supposed to be disinfected by hospital cleaners were left uncleaned. A follow-up survey of over 1100 patients' rooms found that over half the surfaces that are supposed to be cleaned when one patient is discharged – and before another patient is admitted to the room – were left uncleaned.

Research shows that nearly 3/4 of surfaces in hospitals are contaminated with bacteria such as MRSA and VRE, which can survive for 96 hours on surfaces. Numerous studies link hospital infections to these bacteria on unclean EKG wires, unclean blood pressure cuffs, and other equipment. The blood pressure cuffs that are rolled from room to room and wrapped around each patient's bare arm are heavily contaminated with these superbugs. In a recent study, 65% of doctors and other medical professionals admit they change their white lab coat less than once a week, even though they know it's contaminated. 15% admit they change it less than once a month.

The CDC's guidelines for hospital cleanliness are so vague as to be meaningless.

In this country, restaurants are inspected for cleanliness. But not hospitals, not even operating rooms.

Hospitals used to routinely test surfaces for bacterial levels, but in 1970 the CDC and the American Hospital Association held a joint press conference and advised hospitals to stop testing for bacterial levels. Even now, when MRSA infections have increased 32 fold, the CDC continues to adhere to that position.

Testing surfaces for bacteria is so simple and inexpensive that it is done routinely in the food processing industry. But not in hospitals. How can it be more important to test for bacteria in a hot dog factory than an operating room?

Screening:

The CDC has also failed to call on all hospitals to screen for MRSA. The test is a simple, noninvasive nasal or skin swab. Screening is necessary because patients who unknowingly carry the germ on their body shed it in particles on every surface. With screening, hospitals can identify the MRSA positive patients and take steps to prevent the germ from spreading. Countries such as Holland, Denmark, Finland, and Western Australia, that have virtually eradicated MRSA infections, did it by screening and cleaning. The British National Health Service is making screening routine. And some fifty studies show that screening works in the U.S. too, reducing MRSA infections by 67 to 90%. And actually making hospitals more profitable, even in the short run.

About 30% of hospitals in the U.S. are leading the way and screening, including the entire Veterans Administration. But most hospitals are not screening, largely because the CDC has not called on all hospitals to screen. Every year that the CDC delays costs thousands of lives and billions of dollars.

***Betsy McCaughey** is the founder and Chairman of The Committee to Reduce Infection Deaths and former Lt. Governor of New York State.*