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Hospital Infections: Preventable and Unacceptable

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On July 30, a jury awarded over \$2.5 million to James Klotz and his wife Mary in a medical malpractice lawsuit against a heart surgeon, his group practice and St. Anthony's Medical Center in St. Louis, Mo. In 2004 Mr. Klotz, now 69, was rushed to the hospital with a heart attack and a pacemaker was surgically implanted. He developed a drug-resistant staph infection called methicillin-resistant Staphylococcus aureus (MRSA). It was so severe that he underwent 15 additional operations, spent 84 days in the hospital and lost his right leg, part of his left foot, a kidney and most of his hearing.

This verdict should send a warning to physicians, hospitals and hospital board members. Until recently, infection was considered an unavoidable risk. But now there is proof that nearly all hospital infections are avoidable when doctors and staff clean their hands and rigorously practice proper hygiene and other preventive measures.

Hospital infections will cause the next wave of class-action lawsuits, bigger than the litigation over asbestos. The germ that Mr. Klotz contracted, hospital-acquired MRSA, infects about 880,000 patients a year and accounts for only 8% of all hospital infections. Hospital infections caused by all kinds of bacteria sicken millions.

The Klotz verdict is not the first sign that hospitals are in a new legal environment. In 2004, Tenet Healthcare Corporation agreed to pay \$31 million to settle 106 lawsuits by patients who contracted infections after heart surgery at Palm Beach Gardens Medical Center in Florida. Since then, numerous lawsuits have been filed against hospitals in Florida, Kentucky and elsewhere by infected patients. Hospitals being sued are saying that their infection rates are within national norms. But for most infections, the only acceptable rate is zero.

Medicare calls certain device-related bloodstream infections, urinary tract infections and surgical infections after orthopedic and heart surgery "never events." Starting in October, Medicare will stop reimbursing hospitals for treatment of these infections. Hospitals will be barred from billing patients for what Medicare doesn't pay, forcing them to take a loss. Next year Medicare will add other types of infections to the list of "never events."

The evidence justifying Medicare's new policy is compelling. Central line bloodstream

infections, caused by the contamination of certain devices, are preventable. Hospital patients in intensive care are commonly medicated through a tube inserted into a vein. The risk is that bacteria will invade the tube and enter the bloodstream. Rigorous hygiene, including clean hands, sterile drapes, and careful cleaning of the insertion site with chlorhexidine soap, can keep bacteria away from the tube.

Beth Israel Medical Center in New York City reports that it hasn't had a central line bloodstream infection in the cardiac intensive care unit in over 1,000 days. Dr. Brian Koll, chief of infection control there, explains that the key is using a checklist that doctors and nurses must follow. Implementing the checklist cost \$30,000 and saved \$1.5 million in treatment costs. Lives saved: priceless.

Other hospitals -- from Johns Hopkins Medical Center in Baltimore to Sutter Roseville Medical Center in Sacramento -- have reached the goal of zero central line bloodstream infections. No wonder Medicare calls these infections "never events." Why should jurors reach a different conclusion in a lawsuit?

We have the knowledge to prevent infections. What has been lacking is the will. A recent survey from the patient-safety organization Leapfrog found that 87% of hospitals fail to consistently practice infection prevention measures. Insurance companies that sell liability coverage to hospitals could change that by offering lower premiums to hospitals that rigorously follow infection-prevention protocols.

To be sure, lawsuits are not the best way to improve patient care. Many verdicts are unjustified, and few truly injured patients find a lawyer to take their case. Still, the coming wave of lawsuits, as well as financial incentives from Medicare and insurers, will fight complacency about hospital hygiene.