Holiday at Lanier
The lake is full, but the crowds are sparse. METRO, B1

Pre-k crunch
Popular preschools see waiting lists grow. LIVING, D1

Tuesday, June 28, 2011

BREAKING NEWS
ALL DAY AT AJC.COM

The Atlanta Journal-Constitution

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WEATHER
Stormy skies
High: 82; Low: 69.
60% chance of rain.
Wednesday: T-storms, 85/69.
Thursday: T-storms, 85/69.
Friday: T-storms, 88/70.

Details on the back of **Sports**

Opinion

ajc

Viewpoints

How can caregivers reduce hospital-acquired infections?

Industry needs to create cultures that fight contamination.

By **Kim Gay**

Hospitals can be dangerous places, and the danger can involve far more than the illnesses and injuries patients check in with. As a recent series in The Atlanta Journal-Constitution highlights, the risks of infection during a hospital stay can be deadly.

It's doesn't have to be that way.

Hospital-acquired infections are the fourth leading cause of death in the United States and cost hospitals more than $7 billion last year. Unless hospitals take aggressive action to prevent and protect, the problem will continue, and thousands more patients will die, many of them needlessly.

What is so dangerous about a hospital? Common cold and flu viruses abound. Worse, bacteria that can cause MRSA infection (methicillin-resistant Staphylococcus aureus) become resistant to the antibiotics used to treat ordinary staph infections and can survive on hospital surfaces and objects for months. VRE cells (vancomycin-resistant enterococcal) – which can cause high fever, accelerated heart rates and other dangerous conditions for already-weakened patients – can exist on surfaces for days and on a caregiver's hands for hours.

Prevention is difficult. Even if the hospital environment could be sanitized of all the substances that cause infections, each day thousands of people – patients, visitors, physicians and staff members – enter the premises carrying contaminants on their shoes, clothing and cellphones. These agents are carried to every corner of the hospital by the normal movement of people and materials. The ripple effect is pervasive.

Defending the perimeter to keep the dangers out is not possible; the battle against hospital-acquired infections has to be waged within the hospital itself. A powerful weapon is hand hygiene, but clean hands are not the only remedy. Hospitals must focus on what they can do that is not dependent on who – and what – walks into the hospital.

There are steps every hospital in Georgia can take immediately. Among them:

- Don't depend entirely on people-oriented solutions. Although hand sanitizers are a leading infection preventive, not everyone working in a hospital uses them conscientiously. It takes time to change a culture. It wasn't that long ago when hospital personnel didn't think it was all that important to use gloves in examination and caregiving. The threat of AIDS changed the practice, but it took more than a decade to bring about that cultural shift.
- Pressure manufacturers for better hand-sanitizing products. Hand hygiene is important, and data show that hand sanitizers are one of the best ways to control and prevent infection. But not all sanitizers are effective, nor are they all appealing to use. More gentle, longer-lasting agents would make a difference.
- Take the initiative. Hospitals, long-term care facilities and medical offices must get ahead of the problem, not just react to it. The medical community must take the lead in public education to prompt cleaner, more sanitary public spaces, especially offices and restaurants. Most of the agents that contaminate hospitals are carried in from the outside by visitors. The medical community must do more to help stem that unhealthy tide from the outside while it battles the consequences on the inside.

When every employee and every visitor is conscious of cleanliness, infections rates drop. But is that feasible?

With the rapid spread of "super bugs," more companies are researching the next cure. Hospitals – and every other public building – need simple, cost-effective solutions that are not dependent on personal behavior.

Kim Gay is president of Medinet Systems, which specializes in infection prevention and control.

Facilities need to adopt better tools to monitor, report infections.

By **Arjun Srinivsasan**

Epidemiologists often say, "You can't prevent what you can't measure." When it comes to health care-associated infections, we know this holds true. When hospitals measure infections and act on that information, they can make dramatic progress in preventing infections. As the recent reporting in The Atlanta Journal-Constitution pointed out, the progress that can be made has surprised nearly everyone.

These stories also raise important questions about how health care-associated infections are reported. The AJC used data collected for the primary purpose of preparing a patient's hospital bill. This method is far from ideal.

Using information to prepare a bill can be dangerously misleading. For the information to be useful, it must be collected for the purpose of monitoring health care-associated infections using standard definitions, vouched for by an independent group such as a state health department and, importantly, account for the level of sickness in patients being cared for at different hospitals.

There is no single test that indicates a patient has a health care-associated infection. Rather, detecting them requires careful interpretation of a host of laboratory and clinical data. Studies show the best way to accurately measure these infections is to rely on staff trained to apply standard definitions.

The Centers for Disease Control and Prevention has devoted considerable effort to developing a national infrastructure to support accurate measurement of health care-associated infections. We have developed standard definitions for identifying these infections, we provide training on how to apply the definitions, we provide financial and technical help to state health departments so they can check the accuracy of the information, and we maintain a system for reporting these infections, called the National Healthcare Safety Network, or NHSN.

This network is the gold standard for monitoring health

care-associated infections.

The advantages of NHSN are so clear that 24 states have passed laws requiring its use. And last year, the Centers for Medicaid and Medicare Services announced that it also will require facilities throughout the country to use NHSN, beginning with central line-associated blood stream infections.

More than 4,500 health care facilities in the United States are now on board. Another key advantage of NHSN is that it allows us to account for the fact that different hospitals take care of different types of patients, a key concern for larger referral hospitals that tend to care for the sickest patients.

Through the health care reform law, the U.S. Department of Health and Human Services is spending up to $1 billion to help providers prevent hospital-acquired conditions like central-line infections. Several Atlanta hospitals have joined this Partnership for Patients, including Emory and Grady hospitals.

Some stakeholders have argued that it's not enough for health care facilities to have access to information on monitoring infections. Advocates for greater transparency in health care-associated infections have made it possible for this data to be available publicly. Starting this fall, information on central line-associated bloodstream infections for most hospitals will be available at www.hospitalcompare.hhs.gov.

Rather than attempting to use data collected to prepare hospital bills to estimate health care-associated infections, we should focus on encouraging hospitals to monitor infections and report data to NHSN. Let's also support efforts of state health departments that are working to double-check this data and the critical work of our hospitals in preventing these infections.

Dr. Arjun Srinivasan is associate director for Healthcare-Associated Infection Prevention Programs at CDC's Division of Healthcare Quality Promotion.