

My father was a salt of the earth Mainer. In the 50s, when he didn't have a dime to spare, he bought an album called Bert and I, done by artists Marshall Dodge and Bob Bryan. Famous people rarely spoke of his hometown Millinocket, so he really got a kick out of this skit. When you listen you will learn a bit about Maine in the 50s, and my father's sense of humor. But, think about the Roadmap to Elimination of HAIs too.

My father, John Patrick McCleary, was born, raised, worked, married and raised his own family and died in Millinocket Maine. He never cared to go anywhere else. His town and his family were his world. At the age of 15, during the Great Depression he started working in the wood yard of the Great Northern Paper Company to help support his parents and siblings. He retired from there 43 years later. Dad had a droll and corny Maine sense of humor, as you may have guessed by the recording. He played harmonica, guitar and he sang and danced, when he was younger and had the wind to do it. His greatest talent may have been making kids of any age giggle.

Before I share Dad's HAI story, I want say how grateful I am for the professional and kind care he received from almost all of his caregivers. I don't want this presentation to be perceived as anything other than what it is. My father's healthcare journey was tragic, and it has taken me a long time to understand the fact that HAIs are a systems and culture of safety problem.

in the fall of 2008, my father was 83 years old, living independently at home with my mother. He fell getting out of bed on Sept 26, and he fractured his fibula. After 12 days of rehab in his community Hospital, he was discharged home in good condition. He walked into his house with just a walker to help him. His second morning home, he woke up so sick and weak that he couldn't sit up in bed. My mother called me...70 miles away, and together we determined that he had fever of 103. Reluctantly, he returned to the hospital by ambulance, where he was readmitted with pneumonia. About 24 hours later, he slipped into septic shock, in a very subtle and quiet manner. He came close to death that day, but valiant intensive efforts brought him back. My mother called the priest to give last rights that day.

He was transferred to ICU. A urinary catheter was placed and 2 days later, he had MRSA in his urine. He was already on IV antibiotics, but I asked why they had not cultured his sputum, so they did. The honeycomb infiltrate in the upper lobe of his left lung was indeed MRSA, and finally 6 days after admission, he was started on the antibiotic of choice for MRSA pneumonia, Vancomycin. My father became a bedbound, complete care patient overnight. He never walked again. When he tried, his legs wouldn't hold him up and he would pass out. He lost his appetite, his strength, his independence and almost a third of his body weight. Ultimately, he lost his life. He suffered through thrush of his mouth and throat, an itchy body wide rash, decubitus ulcer on his sacrum, and loss of hearing (from Vanco). He spent 20 more days in the hospital and then he spent 9 weeks in a nursing home, the entire time in isolation and on contact precautions. He became skeletal, barely resembling the robust handsome Irishman you saw in his photo. He died on Jan 9, 2009 with my mother and me at his side. He remained alert and aware until the very end, and so he had become a very depressed and sad man, his quirky sense of humor completely gone. During his illness, all he wanted was to go home and be with my mother, his love and his world. Instead the escape from his horrors was death.

This shouldn't happen to anyone. I was irate about this injustice to my father and family.

So I began to study and learn more about MRSA. I did not want this to happen to other family.

I wrote a legislative proposal for Maine Hospitals to use Active detection and Isolation for MRSA and to publicly report MRSA infections. With support from my family, nurses, legislators, community members and other MRSA victims and their families, in June of 2009 Maine enacted law to screen all high risk patients for MRSA on Hospital admission. The Maine Quality Forum convened the MDRO metrics committee, for rulemaking on the new law. The committee decided to do a study. Already known high risk patient populations were screened at Hospital admission for 6 months. The study validated that those patient populations were indeed high risk....because of their rate of colonization. In 2011, armed with that data, and the testimony of many more victims of the infection, including our own Maine State Commissioner of Finances, I proposed to the Maine legislature an expansion on the screening mandate. The MHA brought an opposing bill to entirely rescind the law, and as a strange exchange...offered public reporting of nosocomial MRSA and C Diff. The MHA managed to get the screening law rescinded...and I believe that Maine patients lost out on an important MRSA prevention mandate on that day. I have not returned with new legislative proposals since.

Since Dad died, I have asked myself so many “what if” questions, half of them to do with transparency

1. What if his hospital had disclosed that 2 other beloved seniors had died of HA MRSA in the 2 weeks before he was asked to sign informed consent to be treated for his minor ankle fracture. What if real time detailed risk information was part of informed consent?
2. What if his hospital had recognized their outbreak and done what the CDC recommends in their second tier of MRSA prevention recommendations? That involves active surveillance and isolation. His hospital did absolutely NO MRSA screening, even after their outbreak.
3. What if Dad had been in a private room? Could any of the three roommates who died of respiratory illness during Dad’s stay for rehab have been infected with MRSA and spread it to Dad?
4. What if the hospital’s caregivers practiced hand hygiene 100% of the time?
5. What if they had supplied my father with his own hand sanitizer?

Last year Maine finally convened a multi stakeholder HAI council through the Maine Quality Forum. I am a consumer representative on that council. The MQF generates an annual HAI report that is mostly about process measures. I hope to influence change on that. CLABSI, and nosocomial MRSA and C Diff is included. It is a tip of the iceberg report, but an improvement. My fathers infection and death weren’t reported anywhere. It’s almost as though he didn’t count or his infection and death didn’t matter.

There is progress. Maine has an expansive Antibiotic Stewardship program, and a State HAI coordinator now, that did we did not have in 2009, and there has been some modest reduction in nosocomial MRSA. But, progress in agonizingly slow.

Just as the roads to Millinocket have improved, I believe the Roads to Elimination of HAIs will become straighter and clearer. I hope that the ebola issue and discussion will help with that. I don’t believe for one minute that “we can’t get there from here”. With the right preventative measures, and a lot of determination and heart, I believe that we can find the road to elimination of HAIs.