

July 26, 2009

You should learn the ABCs of HAI and MRSA

It's depressing to watch TV at night.

I do a lot of it, but it's depressing.

The drug companies use their commercials to parade an endless alphabet of diseases and conditions, all of which can be fixed with medicines that you're supposed to "ask your doctor about."

Apparently it's a real ego boost for some folks to be told that they have not just pre-coital erectile default but ED.

I frequently have TF — tired feet — in the evening, but so far they haven't advertised a pill to fix that. And even if they did, it probably would come with a warning that in some rare instances it also causes boils, bunions and bags under the eyes.

So when Somerset physician Kevin Kavanagh raises an alarm about HAI (health-care-associated infection) and warns that hospital stays for MRSA (methicillin-resistant Staphylococcus aureus) have increased tenfold since 1995 and tripled since 2000, I'm tempted to tune out, which is what I do when they try to force-feed me pills during the nightly news.

But Kavanagh is right. We all need to pay attention.

Last week, I got a similar SOS from APIC (Association for Professionals in Infection Control and Epidemiology), SHEA (Society for Healthcare Epidemiology of America), IDSA (Infectious Diseases Society of America), CSTE (Council of State and Territorial Epidemiologists) and TFHA (Trust for America's Health), urging Congress to require better reporting of this problem.

I hope they have better luck in the U.S. House than Sen. Vernie McGaha, R-Russell Springs, had in the Kentucky Senate. His 2008 effort to require MRSA surveillance cultures and public reporting of HAI — Senate Bill 183 — died for lack of interest (LI). This year a similar proposal made by Rep. Melvin Henley, D-Murray, succumbed to a combination of LI and OC (overstated cost).

The national bill promoted by the five groups I mentioned above would require hospitals and ambulatory surgical centers, as a condition for participating in Medicare and Medicaid, to report HAI data via a network that already is managed by the Centers for Disease Control (CDC).

Confused?

APIC president Christine Nutty puts it simply: "Overall, this is a win for patients. Public reporting of HAIs may drive further improvement in health care processes, which will reduce infections, save lives and preserve health care dollars."

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Want simple numbers?

HAIs take 99,000 lives annually, across the nation, and result in \$20 billion of avoidable health care costs.

I regularly help judge the Associated Press Managing Editors public service contest. This year, one of the most impressive entries came from *The Seattle Times*: a series called "Culture of Resistance," revealing the "unchecked MRSA epidemic" at hospitals in Washington State.

Regulators didn't give up information without a fight, but the newspaper eventually was able to describe a national phenomenon that now kills more people than AIDS. During one decade, in Washington alone, the numbers of patients treated annually for MRSA soared in from 141 to 4,723.

Why? Because the health care industry has been reluctant to embrace the simple expedient of screening broadly for patients with MRSA; because some hospitals have refused to isolate all patients with MRSA; because too many doctors, nurses and other health professionals don't follow basic hygiene rules; because state regulation of hospitals is slipshod.

The Seattle Times got action — a first-time requirement for all Washington hospitals to report cases related to MRSA. The state also now requires hospitals to screen at-risk patients for MRSA, and hospitals are now subjected to surprise visits by health inspectors.

What can you do? Ask your doctor whether the HAI and MRSA rates at the hospital you'll be using are right for you.

Tell your representatives in Frankfort that HAI and MRSA are more than handy acronyms. They're LTPs (life-threatening problems) that should be LAIs (legislative action items).

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