



It hardly seems logical, or fair. Our Nation's fourth highest killer has become hospital acquired infections. We go to hospitals to get well . . . not ill, don't we?

Over the past year, our office has represented numerous families whose members, many children, have acquired infections during their hospital stay, in a number of our City's most prominent medical centers, resulting, in some cases, in tragic deaths.

Timothy F.X. Jones, Esq., who heads our Personal Injury Department, has formed in our office a "Hospital Acquired Infection Action Team" to conduct free consultations with countless distraught families, while, simultaneously, aggressively pursuing litigation on behalf of our present clients and their families.

On a hopeful note, a new New York State Law requiring hospitals to report on their infection rates starting this year, 2006, holds the promise of breaking a decade's old culture of secrecy regarding these acquired infections.

Should you, a family member or friend acquire an infection during or following a hospital stay, feel free to contact our office for a free consultation.



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1) How widespread are hospital acquired infections and can they be fatal?

Remarkably, hospital acquired infections have grown to the fourth largest killer in the United States totaling an estimated 103,000 people annually. One out of every twenty hospital patients acquire an infection, during their hospital stay totalling almost two million each year exploding this infection crisis to cause as many deaths annually as AIDS, breast cancer and auto accidents combined.

2) Have hospital infection rates been publicly reported in the past?

The overall United States criteria for reporting hospital acquired infections can best be described as "secrecy." Presently, twenty-one states collect data on infections leading to death or serious injury; however, virtually every state has capitulated to local hospital industry demands to keep this information secret. Regrettably, even the Federal Center for Disease Control and Prevention collects infection data, but refuse to make it public.

3) What are the most common types of hospital acquired infections?

Presently, it appears the four most frequently reported classifications of hospital acquired infections are: 1) pneumonia - it is estimated 300,000 cases occur annually, carrying an associated mortality of between 30% and 70%; 2) blood stream infections - generally considered the most deadly type of infection, normally resulting when patients are hooked up to a central venous catheter; 3) surgical site infections - it is estimated this infection accounts for almost 40% of all hospital acquired infections and surgical patients who develop it are twice as likely to die as other surgical patients; 4) urinary tract infections - the main source of this infection stems from hospital use of contaminated urinary catheters.

4) What is the most important way to reduce hospital infections?

Medical experts confidently conclude many hospital infections are preventable. Among the medical procedures appearing to demand improvement in technique and control of infections include intravenous catheter use, compliance with pre-surgical best practices procedures and better hygiene practices. One medical facility in the West, which had an infection rate below the national average, reduced its rate by 50% over a three-year period primarily by increasing how thoroughly doctors and nurses adhered to the pre-surgical best practices guidelines.

5) Are hospital acquired infections more serious than an infection a patient contracts outside a medical facility?

The short answer is "yes," because these hospital acquired infections are frequently generated by bacteria that cause them to be often resistant to drug treatment combined with the reality that hospitalized patients are generally in some state of poor health.

6) What are the recommended steps to reduce the rate of surgical site infections?

The four primary components of care to attack surgical site infections are: 1) appropriate use of antibiotics; 2) appropriate hair removal; 3) maintenance of postoperative glucose control for major cardiac surgery patients; and 4) establishment of postoperative normothermia for colorectal surgery patients.

7) What is the goal and impact of New York State's new Public Reporting Law?

During the 2005 Legislative Session in Albany, a bill sponsored by Assemblyman Peter Grannis (D-Manhattan) passed the Legislature and was signed by Governor George E. Pataki, taking effect July 19, 2005, requiring hospitals to collect, maintain and report on infection rates for specific surgical procedures to the NYS Department of Health with specific infections requiring reporting to include surgical site, central line related blood stream and ventilator-associated pneumonia.

8) What is the time table for hospitals to report infections under this new State Law?

By January 19, 2006, the NYS Department of Health was required to establish a reporting system capable of receiving the required data from hospitals and by July 19, 2006, hospitals must begin to submit their reports on infections.

9) Will the public have access to the information provided by hospitals, under the new Law?

Absolutely, the information will be available on the NYS Department of Health website, which not only will allow the public to access the safety records of specific hospitals, but will also provide hospitals with a very strong incentive to devote more attention to controlling the infection problem.

10) Since each hospital treats different levels of medically serious patients, can those differences be reflected in a reporting system?

Some in the hospital industry reasonably argue that infection rates vary due to an individual hospital's treatment of different types of patients. Patients with AIDS, cancer and transplants are living with weak immune systems and can more easily succumb to infections and argue they should not be compared with hospitals treating healthier patients. However, that data can be risk-adjusted statistically and should not serve as the basis for keeping the public uninformed.

11) What is the economic impact on health care costs from hospital acquired infections?

Studies to date have shown that post surgery infections more than double the cost of a patient's care with estimates between \$20-28 billion per year added to the nation's health care spending. The Journal of the American Medical Association recently reported that infections due to medical care can add \$10,000 - \$40,000 additionally to the cost of a patient's care plus 9.5 extra days in the hospital, resulting in a 4.3% increase in mortality risk.

12) In which hospital units does available data, to date, point to the most hospital acquired infections occurring?

While the new NYS hospital acquired infection reporting law will over time statistically answer the question of where infections are most frequently generated, many experts presently consider pre and post surgical units, intensive care units and units serving ill children as the most vulnerable for infections to develop.

13) What "warning" signs should parents, friends or visitors be aware of for infections in hospitals when visiting patients?

Alert family members or friends visiting hospital patients should be sensitive to general conditions of cleanliness in all hospital public areas, hallways, individual rooms or wards by taking particular note of the cleanliness along floors, window ledges, walls, night tables and all horizontal surfaces for dust, uncleaned spillage or any unattended soiling.

14) If an unclean condition is observed when visiting a hospital patient, to whom should the conditions be reported?

Any suspicious or unclean condition should be reported at once to the Hospital Administration, Nurse Supervisors or Patient Advocate in that medical facility.

15) Does construction work underway in areas next to or on top of an existing medical institution's buildings present any infection dangers to patients?

Definitely, yes. Of particular concern is the on-going construction work occurring in many hospitals undergoing physical expansion that can find their way into a patient's room through exposed and open metal duct work, inadequate plastic coverings over windows, or open doors where mold and other bacteria can settle from air outside and find an avenue into the hospital's internal environmental structure. For example: roof construction work where air conditioning units, ventilation pipes and sheet metal fabrications provide passage of aspergillus fungus, a potentially fatal infection source from pigeon and other bird droppings that form a grey, fuzzy substance which grow on bird feces represent a frequent and dangerous problem in many institutions.

**14 STEPS MEDICAL EXPERTS RECOMMEND YOU CAN
TAKE TO REDUCE YOUR RISK OF A HOSPITAL ACQUIRED INFECTION**

- **Ask that hospital staff clean their hands before treating you.** Experts identify this procedure as the single most important way to protect yourself in the hospital; therefore, be sure all caregivers clean their hands before treating you, keeping in mind alcohol based hand cleaners are more effective than soap and water.
- **Before your doctor uses a stethoscope to listen to your chest, ask that the diaphragm (or flat surface of the stethoscope) be wiped with alcohol.** Numerous studies show that stethoscopes are often contaminated with staphylococcus aureus and other dangerous bacteria, because caregivers seldom take the time to clean them in between patient use.

Ask visitors to clean their hands and avoid sitting on your bed.

- **If you need surgery, choose a surgeon with a low infection rate.** Surgeons know their rate of infection for various procedures, simply ask for it.

Beginning three to five days before surgery, shower daily with 4% chlorhexidine soap. You don't need a prescription and one of the easiest brands to find is Hibiclens, since this type soap will help remove any dangerous bacteria you may be carrying on your skin.

- **Ask your surgeon to have you tested for Sstaphylococcus aureus at least one week before you come into the hospital.** The test is simple, usually just a nasal swab.

On the day of your operation, remind your doctor that you may need an antibiotic one hour before the first incision. For many types of surgery, a pre-surgical antibiotic is the standard of care, but sometimes is not provided by busy operating room staff.

Ask your doctor about keeping you warm during surgery. Operating rooms are often kept cold for the comfort of the staff, but research shows that for many types of surgery, patients who are kept warm resist infection better, by using special blankets, hats and booties and warmed IV liquids.

- **Do not shave the surgical site.** Razors can create small nicks in the skin, through which bacteria can enter, therefore, if hair must be removed before surgery, ask that clippers be used instead of a razor.

Ask that your surgeon limit the number of personnel (including medical students) in the operating room. Every increase in the number of people adds to your risk of infection.

Ask your doctor about monitoring your glucose (sugar) levels continuously during and after surgery, especially if you are having cardiac surgery. The stress of surgery often makes glucose levels spike erratically, therefore, since new research shows that when blood glucose levels are tightly controlled to stay between 80-110 mg/unit, patients resist infection better. Continue monitoring even when you are discharged from the hospital, because you are not fully healed yet.

Avoid a urinary tract catheter if possible. It is a common cause of infection, since the tube allows urine to flow from your bladder out of your body; therefore, walking patients to the bathroom, using a diaper or bed pan are safer practices.

- **If you must have an IV, make sure that it is inserted and removed under clean conditions and changed every 3 to 4 days.** If you need an intravenous catheters, or IVs, insist that it be inserted and removed under clean conditions, meaning your skin is clean at the site of insertion.

If you are planning to have your baby by cesarean section, follow the steps listed above as if you were having any other type of surgery. Most mothers-to-be probably aren't worried about hospital infections, but if you're having a cesarean, you are ten times more at risk of infection than if you are giving birth vaginally.

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