Our Twenty-first Century Hospital Crisis

We need hospitals. What would we do without them? We would have to rely on our own resources to care for our sick. And it may come to that before we are done.

This brief article is about the fast-growing hospital crisis in America. And if you live in Canada or overseas, think not that you have escaped the problem. Many of the same factors are affecting foreign hospitals.

It is vital that you understand that our hospitals urgently need your help! First, we will overview the problem; then we will present several solutions. We want our hospitals to succeed.

The trend, begun several decades ago, has led to our present hospital crisis. Ever since the 1950s, drugs and specialized medical, surgical, and examination equipment costs have skyrocketed. The cost of transplants and other tissue supplies have also greatly increased. The cost of malpractice insurance and jury awards has been another problem.

In spite of the high charges, the hospital business continued to be very profitable—until the early 1980s, when the U.S. federal government decided to stop paying the high medicaid and medicare payments which, since the mid-1960s, it had been giving the hospitals.

What were the hospitals to do? The drug companies and equipment and supply companies had no intention of reducing the exorbitant prices they charged for their products, even though Medicare and Medicaid payments had been heavily reduced. Those patients, not on Medicare or Medicaid, could only pay part of the medical, surgical, and hospitalization costs.

This squeezed hospital profits so tightly, that they sought for relief. The only way it could be obtained was to "streamline" services, a nice word for reducing quality of patient care.

On top of this, the federal government required that the emergency room of every hospital which received federal funds accept and treat everyone who walked in, regardless of their ability to pay.

Now the hospitals were in real trouble. The quality of patient care was reduced even more, and hospitals tried merging to see if that would help.

Along came the HMOs (health maintenance organizations), promising wonderful solutions. They contracted with or bought hospitals and contracted with physicians to treat the patients.

This resulted in the HMO scandals of the early 1990s. The public learned that physicians were not permitted to provide decent care to the patients, and the quality of care provided by hospitals sank lower. Then the federal government discovered that immense profits had been amassed by executives of some HMOs.

As time passed, things quieted down, but the quality of patient care continued to fall. In the early 1990s, many hospitals reduced their registered nursing staffs in the hope of saving money. Across the nation, thousands of nurses were discharged.

Fewer nurses were forced to treat more patients. They had to work longer hours and, frequently, had to run from room to room. Each nurse would be placed in charge of far too many patients.

Foreign nurses were hired; they dared not complain at the rushed conditions, lest they be sent back to their native land.

Both in the patients' rooms and in the surgical centers, infections increased.

The American Nurses Association (ANA) has opposed this situation since the early 1990s. They are in the forefront of the movement to get whistle-blower and patient safety legislation enacted on both state and federal levels. The ANA is calling for the public to be told what is happening in the nation's hospitals and make quality of care data available, so they can make informed choices about which hospital to go to. The ANA is pushing for federal legislation that would require every medical-care facility in the nation to publicly report about RN staffing levels, risk-adjusted patient mortality rates, infection rates, and other safety and quality control issues.

The rapid rise of infection is the key issue in this controversy. The hospitals are determined to cut costs—and it is resulting in increased hospital-induced infections, permanent injuries, and deaths.

Since the early 1980s, hospital infection rates have risen every year, registering a 36% increase since 1982.

The *Chicago Tribune* is one of the leading newspapers in America. It is well-known for highest integrity and daring reporting on issues of vital concern to Americans—issues which major organizations with vested interests would prefer to keep covered up.

Two outstanding series of articles, the result of two years of investigative reporting, were published by the *Chicago Tribune* in 2000 and 2002. The first was about the effects of the nursing shortage; the second about hospital-induced diseases. We urge you to obtain copies of those reports, especially the one dated July 22, 2002. They are inexpensive. In order to obtain them, go to chicagotribune.com. Each series will cost you about $35.00—but they are well-worth the price.

How thankful we can be for the public press of America, when it dares to expose corruption in high places!

Did you know that the fourth leading cause of death in America (behind heart disease, cancer, and strokes)—is bacteria or viruses given to patients in hospitals—germs which they did not have before they entered those hospitals! This is astonishing. Frankly, it is frightening.

At the present time, more people die because of infections they acquired at U.S. hospitals than those who die from automobile accidents, fires, or drowning—combined.

In order to obtain this information, the *Tribune* used

computerized records of the U.S. Department of Health and Human Services (HHS); patient databases in a dozen major states; court records; published research studies; death records; consultations with epidemiologists; and many personal interviews with hospital staffs, patients, and others. Records of 75 federal and state agencies were analyzed

It was found that repeated cost-cutting measures, including nurse layoffs, led to infection-control violations and injury or death to patients.

At the present time, there are 5,810 registered hospitals in America. They are urgently needed; yet, because of present conditions in the hospitals, it is becoming dangerous to enter one as a patient. When experienced nurses need to be hospitalized for a day or two, they take another nurse with them—to make sure they are given the right treatment and drugs.

Using analytic methods commonly used by epidemiologists, **the *Tribune* found an estimated 103,000 deaths linked to hospital infections in the year 2000 alone.** The Centers for Disease Control and Prevention (CDC), in Atlanta, based its figures on 315 hospitals and an estimated 90,000 deaths caused by infections acquired at U.S. hospitals that same year.

Dr. Barry Farr, president of the Society for Healthcare Epidemiology of America (SHEA), declared, "The number of people needlessly killed by hospital infections is unbelievable, but the public doesn't know anything about it." And he added this chilling assessment, "For years, we've just been quietly bundling the bodies of patients off to the morgue while infection rates [in hospitals] get higher and higher."

Federal, state, and other public records revealed that **75,000 of the dangerous infections that patients acquired in hospitals in the year 2000 could have been prevented** if proper patient care and sanitary maintenance had been done.

That figure (75,000) represents three-fourths of the 100,000 infections which occurred that year in hospitals. **These are infections which the patient did not bring to the hospital—but which he contracted during his stay there.**

Yet most of those infections were often preventable by simple, inexpensive measures. But, as a "cost-cutting expedient," they are not done. **A key problem was the hospital cutbacks in the number of staff and subsequent carelessness by overworked physicians, nurses, and cleaning personnel.**

Such a large number of people are becoming infected because they go to hospitals, even for as little as one day, that the CDC has given those infections a special name: They are called ***"nosocomial infections."*** You may have had an acquaintance who mysteriously died while in a hospital. The CDC says he acquired a nosocomial infection. That is Latin for "hospital-acquired." The CDC admits it invented the term to shield hospitals from "embarrassment."

On one hand, **hospitals tend to be secretive about their hospital-caused infections; and they are not legally required to disclose them to the general public.** In fact, doctors are not required to tell patients about the risk of hospital germs.

Yet the federal government, although it has also remained quiet about the matter, has been investigating. Since 1995, over 75% of all hospitals in the United States have been cited for significant cleanliness and sanitation violations. That totals about 4,350 hospitals, or about three out of every four in the land.

Here are several of the primary causes of these hospital-acquired infections:

1 - Unsanitary facilities. Because people are coming and going all the time in hospitals, those buildings provide opportunities for germs to collect. Every day, the entire staff and strangers enter the doors.

Of course, there are germs everywhere; but they become deadly to patients who are too young, too weak, or too old to resist the infection.

Because of the funding crisis, hospital cleaning personnel and janitorial staffs are inadequately trained and given too much work to do in too short a time. This has resulted in unsanitary rooms or wards, where germs have grown and multiplied for weeks, sometimes years, on bedrails, telephones, bathroom fixtures, and elsewhere.

It is a fact known by hospital administrators that the cleaning solvents must be placed on the surfaces and left there several minutes before being wiped off. But maintenance workers are simply told to go through every room and wipe every surface; and hurry up, because there is more work to do after that. So rags are wiped over the surfaces, immediately wiped off, and the workers rush to the next room. **If they do not do the job fast, they are considered incompetent and are discharged. Tests reveal that the germs were not killed.**

"Hospitals hire people and say just go in there and clean," said Pia Davis, president of a Chicago medical-care chapter for the Service Employees International Union. "They don't show them what chemicals to use or not to use. We have report after report showing that rooms are not cleaned every day."

In order to cut costs, U.S. hospitals have reduced cleaning staffs by 25% since 1995 alone. As you might expect, during that same time period, one half of the nation's hospitals were cited for failing to properly sanitize portions of their facilities. But the citations have failed to work the needed changes.

2 - Unwashed hands. "When you have less time to save lives, do you take the 30 seconds to wash your hands?" commented Trande Phillips, a registered nurse in San Francisco. "When you're speeding up, you have to cut corners. We don't always wash our hands."

In the 1840s, Ignaz Philipp Semmelweis (1818-1865), a Hungarian physician, battled with the physicians of his day to wash their hands before delivering babies. They would come in from the hunt, dismount from their horses, go in and deliver babies—and the mothers would die of "childbed fever." They had been killed by the doctors. Eventually, Semmelweis' demand for antiseptic methods was accepted in Europe. Imme-

diately, infection rates dropped dramatically. It took 20 more years before U.S. physicians began washing with soap and water.

But, since the 1950s, when the use of penicillin and other antibiotics became widespread, physicians have gradually become more lax. Physicians in our time have been taught to wait until a symptom develops, prescribe a drug, and that will take care of it. Cleanliness is not as important as it once was.

Based on extensive interviews in recent medical-care studies, it is estimated that, **in the average U.S. hospital today, about half of the doctors and nurses do not wash hands between patients.**

When interviewed, nurses and other workers say it is impossible to wash hands between every patient contact—when there are over 150 or more such contacts every day. They are simply overworked.

Hidden cameras in one operating room, for example, showed that the doctors never washed their hands before operating.

The CDC and HHS declare that a clean-hands policy in our hospitals would, alone, prevent the deaths of up to 20,000 patients each year.

***3 - Germ-laden medical instruments*. Medical instruments, designed to be slipped into body openings (throat, urethra, vagina, colon, etc.) are frequently contaminated, producing infection.** Because they cannot be properly cleaned, some of these instruments were designed to be used only once and then discarded. But, in order to save money, since the mid-1990s, hospitals have frequently been reusing them, over and over again. This has become a significant source of infection. It is known that every time a catheter is placed in a patient, there is an increased risk of infecting him with a new disease.

***4 - Other factors.* Doctors wear germ-laden clothes from home into the hospital, and even into the operating room.** In one Connecticut hospital, flies buzzed overhead during open-heart surgery and dust was in the air because of faulty ventilation. Although the hospital was sued, it still did not fix the ventilation system. In order to save money, some hospitals tell their staff, including maintenance workers, to wash their scrubs at home. They then wear them to work. **In many other hospitals, staff members regularly wear their scrubs home and back to work the next day.** Tests show that the lotion causes small holes in the gloves, permitting infection to enter or exit through them; and many nurses use skin-softening lotion at work because hand washing chaffs the hands. Toys available to children at the hospital are often heavily contaminated with germs.

5 - Adverse drug reactions. Another serious problem is adverse drug reactions (ADR) in hospitalized patients. The situation has become so serious that the *Journal of the American Medical Association* (JAMA) published a report on the problem in its April 15, 1998, issue. Four electronic data bases were searched from 1966 to 1996 by two independent investigators. But a major cause of extensive patient injury and death was not included in the study.

"We excluded errors in drug administration, noncompliance, overdose, drug abuse, therapeutic failures, and possible ADRs" *(ibid).* Instead, the JAMA study focused only on "serious ADRs" defined as "those that required hospitalization, were permanently disabling, or resulted in death."

The stated objective was "to [only] estimate injuries incurred by drugs that were properly prescribed and administered."

Even though the study was extremely narrowed on only "properly administered drugs" which caused terrible results, it was discovered that **"in 1994, overall, 2,216,000 hospitalized patients had serious ADRs and 106,000 had fatal ADRs, making these reactions between the fourth and sixth leading cause of death."** That is the stunning result of this carefully researched study on the effect of taking prescribed drugs.

Infants are especially at risk. According to CDC and *Tribune* findings, in the year 2000 alone, the deaths of 2,610 infants were caused by preventable hospital-acquired infections. Pediatric intensive care units have up to three times as many infections as other hospital sections, including operating rooms. In most instances, those lives could have been saved by washing hands and isolating the babies as soon as the infection was discovered. Nurses and physicians will immediately go from one infected child to others, carrying infection from one to another. Very sick infants are often placed in the same room with other infants. At least 1,200 hospitals use large pediatric wards to save money. Pneumonia, which is airborne, is easily spread, along with other infections.

Obviously, staff cutbacks are the major problem. **A national study of 799 hospitals by the Harvard University School of Public Health found that hospital-acquired infections were directly linked to nursing staff levels.** The study found that patients were more likely to contract urinary infections and hospital-acquired pneumonia if there were not enough nurses on duty.

Hospitals are required by law to have persons on the staff who give attention to reducing hospital-induced infections. But the salary cuts have made serious inroads into such workers. In just the last three years alone, 20% of those specialty workers have been discharged. Hospitals no longer can afford to have people on the payroll whose job it is to keep the place clean. Instead, hospitals are spending their money fighting lawsuits by relatives of people who needlessly died there. Our hospitals are in trouble.

What are your chances of acquiring a hospital-induced infection the next time you, or a loved one, goes to the hospital? According to CDC records, you have one chance in 16 of becoming infected with something very serious which could disable or kill you. About 2.1 million patients each year are becoming infected at hospitals. That is 6% of the 35 million admissions annually.

Do you think the situation will improve? The experts

tell us that, instead of getting better, it will get worse. According to the American Hospital Association (AHA), the unprecedented cost-cutting and financial instability that began accelerating throughout the 1990s has affected every aspect of patient care, including infection control—and, **according to the AHA, the financial situation has brought one-third of all hospitals in America to the point where they are now teetering on the edge of bankruptcy.**

Even though required by federal law, **many serious diseases and deaths, caused by being in the hospital, are not being reported.** In Illinois alone in 2000, the *Tribune* identified 3,510 cases—including 332 deaths—which were not reported. When asked about it, a state public health department official said it appeared that only about 25% were being reported by the hospitals. Our hospitals are in trouble.

In the first part of this report, we discussed hospital-acquired diseases. We told you that "*nosocomial infections*" is the official name for serious, sometimes fatal, infections you can get simply by going to a hospital as a patient. Another example of that is **organ transplants, which are sometimes infected with disease.**

We next considered the harm you can get from taking properly prescribed and administered drugs from a physician *(JAMA, April 15, 1998).*

Let us now turn our attention to ***"iatrogenic diseases."*** These are defined as **"physician-induced diseases."** The July 26, 2000, issue of the *Journal of the American Medical Association* discussed this problem.

Here are a few of the research findings in the article:

"As many as 20% to 30% of patients receive contraindicated care" *(ibid.).* "Contraindicated" is a big word which means care the patients definitely should not have received.

The Institute of Medicine (IOM) has released a report *("To Err is Human"),* quoted in the JAMA article, which stated that **"millions of Americans [have] learned, for the first time, that an estimated 44,000 to 98,000 among them died each year as a result of medical errors"** ***(ibid.).***

"U.S. estimates of the combined effect of errors and adverse effects that occur because of iatrogenic [physician-caused] damage, not associated with recognizable error, include:

"12,000 deaths/year from unnecessary surgery.

"7,000 deaths/year from medication errors in hospitals.

"20,000 deaths/year from other errors in hospitals.

"80,000 deaths/year from nosocomial infections in hospitals.

"106,000 deaths/year from non-error, adverse effects of medications.

"These total to 225,000 deaths per year from iatrogenic causes. Three caveats [warnings] should be noted.

"First, most of the data are derived from studies in [sic., on] hospitalized patients. Second, **these estimates are for deaths only and do not include adverse effects that are associated with disability or discomfort.** Third, the estimates of death due to error are lower than those in the IOM report.

"If the higher estimates are used, the deaths due to iatrogenic causes would range from 230,000 to 284,000. In any case, 225,000 deaths per year constitutes the third leading cause of death in the United States, after deaths from heart disease and cancer.

"Even if these figures are overestimated, there is a wide margin between these numbers of deaths and the next [smaller] leading cause of death [cerebrovascular disease]" *(ibid.).*

A different analysis was mentioned in the JAMA article which estimated negative effects on outpatients (those not in hospitals), without including deaths. It concluded that **a surprising number of patients are so damaged by the drug and other treatments, that they must make an immense number of additional trips to see the doctor or go to the hospital!** Here is this remarkable statement in JAMA:

"One analysis . . [which did not include deaths] concluded that **between 4% and 18% of consecutive patients experience adverse effects in outpatient settings,** with [resulting in] 116 million extra physician visits, 77 million extra prescriptions, 17 million emergency department visits, 8 million hospitalizations, 3 million long-term admissions, 199,000 additional deaths, and $77 billion in extra costs" *(ibid.).*

Our hospitals need your help—and there are solutions:

• Write your U.S. senator and representative and urge that bills be introduced into Congress which will subsidize our hospitals, so they can hire more workers, treat the patients properly, and clean the bacteria and viruses out of the rooms and hallways.

• Request that laws be enacted which will limit the amount of markup that medical drug, equipment, and supply firms can charge hospitals.

• Urge Congress to put a cap on malpractice suit awards. Doctors and hospitals are so pressed financially from large jury awards, they cannot afford to hire enough workers to help them care for patients properly.

• Demand that laws be made requiring HMOs to treat people like human beings with real needs instead of statistics to be given as little attention as possible.

• Avoid going to your hospital's emergency room. It is overcrowded, understaffed, and frequently infected with germs. By avoiding the ER, you make it more likely that your hospital will be able to save money on that department—the one that pays them the least.

• Learn to use simple, home remedies. There are many effective ones which have been used for a long time. Admittedly, it is difficult to find good books on the subject. But by caring for your own family, you will greatly lessen the likelihood of contracting infection and disease from hospital stays, drug medications, and medical examinations.

• Lastly, exercise more, obtain adequate rest, and start eating better food. By taking proper care of your body, you will not become sick as often. It is becoming dangerous to become sick, especially if we do not know what to do when we become sick. *—vf*