Opening Statement of Rep. Henry A. Waxman
Chairman, Committee on Oversight and Government Reform
Healthcare-Associated Infections: A Preventable Epidemic
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Today we will examine an epidemic that causes about two million infections and 100,000 deaths each year and costs the nation billions of dollars. This epidemic ranks sixth among the leading causes of death.

It is a largely preventable epidemic but we are not doing nearly enough to prevent it.

The epidemic I'm referring to is healthcare-associated infections. These are the infections that patients get when they are in the hospital, clinic, or even their doctor's office receiving treatment for other illnesses. Today's discussion will be limited to the infections patients get in the hospital.

There are several types of healthcare-associated infections. Patients often need large catheters placed into the bloodstream. Improper procedures by physicians and nurses can contaminate these lines and cause bloodstream infections. When patients need surgery, improper procedures can lead to unnecessary infections of the surgical site.

Today's hearing will focus on what the Department of Health and Human Services (HHS) is doing to address this epidemic. According to new findings by the Government Accountability Office, the Department is not providing the necessary leadership. It has not identified for hospitals the most important infection control practices, and it is not coordinating the collection of data from hospitals in order to avoid duplication and unnecessary burden.

The failure of HHS leadership is particularly regrettable because these illnesses, deaths, and costs are preventable. Moreover, the preventive measures don't require new technologies or large investments.

Thanks to the work of one of our witnesses, Dr. Peter Pronovost, and the efforts of Michigan hospitals, we know that by taking simple steps, hospitals can significantly reduce the number of patients who become infected while they are receiving treatment for another condition.

These steps are not expensive. Healthcare workers should wash their hands before inserting a catheter into a blood vessel. If a patient is going to undergo a surgical procedure, the hair around the surgical site should be removed with clippers, not a razor so as to avoid nicks and cuts that can be routes of infection. Catheters should be withdrawn as soon as they are no longer necessary.

We're going to hear this morning from a hospital administrator whose hospital has taken these simple infection control measures. He will explain that his hospital's infection rate dropped precipitously.

How many deaths could be prevented if all hospitals took these simple measures? I asked the Society of Healthcare Epidemiologists to prepare an estimate of the number of deaths from healthcare-associated infections that could be prevented by using proven interventions. They noted that data was limited and analyzed just four kinds of healthcare-associated infections. According to their analysis, we could prevent tens of thousands of deaths each year — just by doing what we already know how to do.

Earlier this week, the Institute of Medicine (IOM) reported that there would be large cost savings if we simply put our knowledge into action. The IOM conservatively estimated that healthcare-associated infections result in extra costs of about $5 billion per year to society as a whole.

Other infection control measures may be promising but are less well understood. For instance, two articles recently appeared in the top medical journals about screening for the drug resistant bacteria known as MRSA. One concluded that MRSA screening did work, one concluded it did not. HHS needs to help hospitals understand which strategies do work.

But hospitals should not wait while HHS sorts out the evidence. They should adopt the simple measures that are already proven and give their patients the benefit of the lowest achievable risk of infection.

It's not too often that a prevention strategy comes along that is simple, inexpensive to implement, and proven to be effective in reducing the number of patient deaths. The experience of the Michigan hospitals demonstrates clearly that this prevention strategy works. Today we will try to understand why the Department of Health and Human Services is not doing more to lead in the dissemination and adoption of this strategy nationwide.