COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
CHAIRMAN LAMAR SMITH

For Immediate Release
June 26, 2014

Media Contacts: Zachary Kurz
(202) 225-6371

Statement of Oversight Subcommittee Chairman Larry Bucshon (R-Ind.)
Hearing on Technology for Patient Safety at Veterans Hospitals

Chairman Bucshon: This morning's hearing will focus on an important public health issue – the problem of patients contracting dangerous infections while in the hospital. This problem has been in the news lately due to disclosure of unfavorable information about some Veterans Administration hospitals, including high rates of hospital acquired infections, or HAI's.

We want the highest quality of care and highest standards of patient safety in all VA hospitals. Big variations among VA hospitals are a cause for concern. However, as a former cardio-thoracic surgeon, I am well aware that HAIs are not a problem unique to the VA Health Care System. Also, it is important to realize that HAI rates will never be zero, but can and should be aggressively minimized.

Rates of hospital-acquired infections appear to have declined in recent years. During the 1990's, estimates hovered around 2 million per year. The CDC's most recent estimate is 1.7 million HAIs annually. The CDC also calculates this works out to about a one in 25 chance of contracting a serious infection while in a hospital.

The idea a hospital patient, on average, has "only" a one in 25 chance of getting an infection is certainly not a good thing. Many infections that patients suffer from while hospitalized originate from their own flora (ie skin, respiratory, or intestinal bacteria for example.)

That said, research has shown it is possible to prevent a large fraction of hospital infections. For example, simple things like isolating patients who have serious infections, and doctors and nurses washing their hands between each patient, can go a long way toward controlling the spread of potentially lethal infections.

100% adherence to all best practices by health care personnel won't solve the problem. Hand washing and hand sanitation is just as important for family members and other hospital visitors, too, as they often are unknowingly responsible for spreading bacteria and viruses. Some types of viruses can survive for six months on a tray, a door frame or other type of surface.

Most people take for granted that antibiotics can ultimately cure all but the most exotic kinds of infections. Until a few decades ago, antibiotics were an effective backstop against most hospital-acquired infections.

The evolution of antibiotic-resistant superbugs is voiding the assumption that medicine can cure infections. More than one dozen types of pathogens have developed resistance to most types of antibiotics. In some cases, just one class of antibiotics is still effective. And in a few instances, there is literally no antibiotic that works.

Antibiotic overuse and inappropriate use are significantly responsible for the growing number of antibiotic resistant superbugs. As a personal side note, I believe tort issues surrounding the practice of medicine is partly responsible for this issue and needs reform. Another problem is the slow pace at which new antibiotics are being developed, due to a costly and lengthy approval process.

According to the Infectious Disease Society of America (IDSA), just one organism—methicillin-resistant Staphylococcus aureus, better known as MRSA—kills more Americans each year than the combined total of emphysema, HIV/AIDS, Parkinson's disease, and homicide.

The Food and Drug Administration recently approved a new antibiotic for MRSA infections. But that's just one type of bacteria, and the odds are that resistance to the new medicine will develop.

The better news is that there are some promising new, non-pharmaceutical innovations that can help to reduce HAI rates significantly, innovations that don't seem to carry the possibility of eventual antibiotic resistance.

These innovations have been developed from research in several scientific fields, including nanotechnology, robotics, computer science, and biology.

We're fortunate to have with us three physicians who are national experts in infectious diseases and the prevention of HAIs and two witnesses will describe the anti-infection innovations their companies have brought forward. I look forward to this morning's testimony on this important subject.

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