

HOSPITAL SUED OVER CRIPPLING SUPERBUG

Seeking \$350,000, man says poor controls left him vulnerable

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TORONTO – A young man training to become a chef is suing a Toronto hospital, claiming inadequate isolation and infection – control procedures caused him to catch a superbug, permanently disabling him.

Matthew Rash, 30, said he tested negative for Methicillin-resistant Staphylococcus aureus (MRSA) when he was admitted to Bridgepoint Hospital almost four years ago. He was sent there for rehabilitation after undergoing surgery at another hospital for injuries, including a broken left leg, fractured right foot and ankle, which were the result of a car crash.

“When I came home [from Bridgepoint], I started to have bad pain, “Mr. Rash said in a telephone interview. “I went to the doctor; she took off my bandage and green go floated out of my foot.”

He is seeking \$350,000 in damages, saying Bridgepoint did not move an alleged MRSA carrier to an isolation unit, staff failed to follow the hospital’s infection-control protocol and workers did not thoroughly wash their hands, according to a statement of claim filed in Ontario Superior Court. The claim contains allegation that have not been proven court.

Bridgepoint Hospital denies causing Mr. Rash’s superbug infection, saying none of the patients on his ward tested positive for MRSA during his hospital stay, according to the statement of defence.

Lawyer Tanya Goldberg, who is representing Bridgepoint Hospital, declined an interview. In an e-mail she wrote that she was not aware of any reported decisions awarding damages against a Canadian hospital for an MRSA infection.

Heather MacDonald, the hospital’s vice-president of medicine, said in a telephone interview that privacy legislation precludes her from discussing details of Mr. Rash’s case, though she said she appreciated he has been through a very difficult time. He received appropriate care, she said, and there is no evidence he acquired MRSA there.

An estimated 220, 000 Canadians suffer from hospital-acquired infections each year and 8,000 die from them, according to the Canadian Nosocomial Infection Surveillance Program.

Though hospitals cannot guarantee patients will never contract an infection, Ted Charney, the lawyer representing Mr. Rash, said they are expected to have reasonable systems in place to prevent them and to monitor whether staff are adhering to infection-control practices.

“The biggest problem with this disease, “Mr. Charney said, “is that people aren’t washing their hands and hospitals haven’t invested enough resources in monitoring nursing staff and doctors to make sure they are washing their hands.”

Phill Hassen, chief executive office of the Canadian Patient Safety Institute, has said only 40 per cent of health-care workers properly wash their hands.

Pernicious and sneaky, MRSA can hide inside a nostril, sit on a hand or lurk in a piece of soiled clothing. It may show up as a blotch of reddened skin, or as a painful, swollen pimple. The damage it inflicts can be minor and treated with a topical antibiotic, or it can be merciless, causing blood poisoning, deep wound infections, decayed lungs and pneumonia. Those with open wounds are vulnerable, as they provide a quick port of entry.

The superbug has made strong inroads in Canadian hospitals, where a tenfold increase in the rate of those colonized and infected with it has been observed over the past decade. Some of the highest rates have been noted in Quebec and Ontario, according to the Canadian Nosocomial Infection Surveillance Program study, which looked at MRSA in 38 hospitals in nine provinces.

In Ontario, 13,458 patients were found to be colonized or infected with MRSA last year – the highest number the province has ever recorded, according to figures from Ontario’s Quality Management Program – Laboratory Services.

This week, the Public Health Agency of Canada said it would develop a plan by January on how to reduce hospital – acquired infections. The superbug to be eradicated has not yet been selected, though MRSA is said to be of particular interest.

As for Mr. Rash, Bridgepoint’s statement of defence says he was treated with intravenous antibiotics for a suspected wound infection on his right heel at another Toronto Hospital, where he underwent surgery for car crash injuries. He was a patient at Bridgepoint Hospital from Oct 28 to Nov 24.

Dr. MacDonald said all patients admitted to Bridgepoint are tested for MRSA, largely because many come from acute-care hospitals, where the superbug is more of an issue.

Patients colonized or infected with MRSA are placed on contact isolation, which means every one who comes into contact with them must wear gowns, gloves and masks and vigorously wash their hands. As well, those who test positive undergo a decolonization regime of antiseptic baths and nasal ointment.

She said Bridgepoint, a complex-chronic-disease and rehabilitation hospital, provides the safest care to every patient.

“Because it’s so difficult to treat,” Dr. MacDonald said, “we’re aggressive in trying to prevent it and eradicate it.”

Almost four years after his superbug infection, Mr. Rash continues to be on antibiotics so powerful they have caused some of his teeth to crumble. His infected right foot is black and purple and he is in constant pain. During the interview, he began to weep, saying the infection has “ruined my life. I’m disabled, I haven’t gone out. I need a scooter not to get out.”