

OPENING STATEMENT

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Subcommittee on Oversight
Committee on Science, Space, and Technology

Joint Subcommittee Hearing
“Technology for Patient Safety at Veterans Hospitals”

June 26, 2014

Chairman Bucshon, Chairman Broun thank you both for holding this important hearing today on “Technology for Patient Safety at Veterans Hospitals.”

The recent disclosures of mismanagement at the VA are deeply troubling. I represent nearly 50,000 veterans in Central New York and I want to ensure they receive the best care possible. Last month, as a result of these revelations about the VA, I personally called for the Secretary of the VA, Eric Shinseki to step down so that the VA could move forward with new management.

But nothing about the substance of this hearing, focused on the threat of Healthcare Associated Infections (HAIs) and potential methods to successfully address them, is isolated to the VA.

Healthcare Associated Infections are a serious and potentially deadly threat to anyone who spends time in a hospital – *any* hospital. By this time tomorrow 200 individuals at U.S. hospitals will have died as a result of healthcare associated infections. This amounts to an estimated 75,000 people per year. Another 650,000 patients become infected each year during their hospital stay.

It can cost as much as \$45,000 per patient to treat these infections. Healthcare Associated Infections in the U.S. alone cost as much as \$45 billion per year.

I would stress that these infections are not unique to Veterans Administration (VA) hospitals. My home District in Syracuse, New York includes one VA hospital and six public and private hospitals. I know that Healthcare Associated Infections and medical mishaps do not stop at the door of the VA. Unfortunately, they are prevalent in all healthcare facilities. And the tools to combat these infections and to help prevent medical errors are the same regardless of where the care is given.

The good news is that a recent report released by the Centers for Disease Control and Prevention (CDC) shows steady progress at the national level against Healthcare-Associated Infections. The report found a 44 percent decrease in central line-associated bloodstream infections between 2008 and 2012; a 20 percent decrease in infections related to 10 major surgical procedures between 2008 and 2012; and a 4 percent decrease in hospital-onset MRSA (Methicillin-resistant *Staphylococcus aureus*) bloodstream infections between 2011 and 2012.

But combatting healthcare associated infections is still difficult, often deadly and very costly.

Technologies can help, but I doubt there is a single silver bullet available in this fight to eradicate these troubling and pervasive infections. Simple steps like proper hand-hygiene, appropriate training and clear communication can also have a major impact on the spread of these healthcare associated infections.

I am looking forward to hearing from our witnesses today about both proven methods and new technologies that can help play a role in addressing this serious issue. I am particularly interested in hearing from Dr. Trish Perl from Johns Hopkins University, who brings a wealth of experience and expertise in the area of infectious diseases and the role that technology can play in their prevention. She has first-hand experience implementing new technologies to combat hospital infections, some that worked successfully and some that actually increased the rate of infection. I look forward to hearing from her about the possible benefits and potential downsides to implementing unproven technologies in the hospital setting.