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# ◆ THE DERBY CITY NSCIA NEWSLETTER ◆

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June 2008

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*The Derby City Chapter of the National Spinal Cord Injury Association Network - Serving Kentuckiana.*

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## Message From the President

Dear Members & Friends-

June's meeting is our annual dinner at Kingfish River Road in Louisville.

July's meeting will be held at Frazier Institute, 220 Abraham Flexner Way, 10th floor dining room, Louisville.

-David Allgood

## **DISABILITY 101 TRAINING FOR HR**

By Barbara Davis

On May 12, 2008 the Center for Accessible Living presented the first in a series of trainings on disability-related topics for hiring recruiters and HR managers. The training, which was hosted at Citi, featured information on the ADA, recruiting techniques, technology, deaf culture, when and how to schedule ASL interpreters, workplace accommodations and autism. The event was attended by over 30 people. Companies represented were Caesars Indiana, UPS, Louisville/Jefferson County Metro Government, Vocational Rehabilitation, Kentucky Refugee Ministries, TARC, Human Relations Commission, Citi, Goodwill, and others.

Most of the speakers were Center staff. Keith Hosey presented the ADA topic, Kelly Peace spoke about interpreters, David Allgood provided information on workplace accommodations, and I spoke about autism. Peter Eichhorn was Master of Ceremonies.

Lillian Fawbush of Citi shared her experience as an HR recruiter. Rebecca Rhiem of Sorenson VP enlightened us all about deaf culture, and Kay Mathis, of Citi, provided the keynote speech about technology. Her message was that it starts with the ability to overlook the person's disability and to form a belief in the ability of the person. Once you do that, she said, technology is the easy part.

The next HR training is tentatively scheduled for the fall or winter. If you have a topic you would like to see presented, please email Barb Davis at

[bdavis@calky.org](mailto:bdavis@calky.org).

*From New Mobility May 2008*

## **ARE HOSPITALS CRAWLING WITH SUPERBUGS?**

By Roxanne Furlong

Are we entering the era of "superbugs" - new strains of antibiotic resistant bacteria that threaten our health and lives in the very places we go to get well?

Statistics say yes, but there are precautions we can take. Here are the top three badboys:

Methicillin-resistant staphylococcus aureus (MRSA—pronounced "Mer-sa"), Vancomycin-resistant enterococci (VRE) and clostridium difficile (C-Diff) are multi-drug resistant organisms (MRDOs) that, because of overuse of antibiotics, are becoming resistant to nearly all antibiotics and causing life-long recurring infections with a rising number of deaths. There are also new strains of MRSA and C-Diff-associated diseases that are more severe, with a higher mortality rate and resistance to all antibiotics. Several states have reported hospital outbreaks of the new strains over the past two years.

The numbers of deaths and infection cases of MDROs have dramatically increased since the 1970s. The Journal of the American Medical Association estimates that in 2005 approximately 94,360 people have developed a serious MRSA infection and 18,650 died from serious MRSA infections. The Centers for Disease Control and Prevention now estimate that healthcare-associated infections occur annually in an estimated 1.7 million people in American hospitals—one in every 20 treated—causing 99,000 deaths.

Also growing in numbers are community-associated MDROs, which occur in individuals who have not been in a hospital within a year and/or have had certain medical procedures. One thing is certain: Once you are

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**Derby City Area Chapter**  
*of the*  
**National Spinal Cord Injury**  
**Association**

**ABOUT THE ORGANIZATION**

The Derby City Area Chapter of the N.S.C.I.A. is a membership organization for individuals with spinal cord injuries, their families, and health professionals. Founded in 1984 as a Charter Member of the N.S.C.I.A., it was incorporated under IRS Section 501 (c) 3 as a not for profit organization. The Board of Directors consists of the Officers, Past President and the Board Members At Large.

\*\*\*

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**DERBY CITY CHAPTER  
NEWSLETTER**

Editor- Barbara Davis

Contributor- David Allgood

**Visit Our Website at**  
**[www.DerbyCitySpinalCord.org](http://www.DerbyCitySpinalCord.org)**

**The Derby City Area Chapter Newsletter is  
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Frazier Rehab Institute**

**SUPERBUGS, CONT'D**

infected with an MDRO, it's a tough battle and if you have other health issues, recurring infection is almost inevitable.

The CDC states that those vulnerable to colonization and infection of MRDOs include individuals “with severe disease, especially those with compromised host defenses from underlying medical conditions, recent surgery, or indwelling medical devices.”

According to the CDC, MRSA is spread via skin contact and can live on any surface for long periods of time—a week, according to some reports—only needing a warm, wet body surface to take up residence. If your doctor or nurse touches something with MRSA on it and enters your hospital room without washing their hands, they may pass MRSA on to whatever—or whoever—they touch. Touch what the MRSA's on, and now it's on you. Touch your eyes, nose, mouth, armpit and you'll probably test positive for health-care associated MRSA; get MRSA in an open wound or otherwise compromised skin and you may become infected. Touch your catheter and you may get it in your urine. Had a tracheotomy? MRSA can find its way to your lungs.

“You can have MRSA and not know it,” says Shelly Sikes Diaz, spokesperson for CDC. “You can be colonized and not have an active infection. Our numbers show that 25 to 30 percent of the US population is colonized with staph, and 1 percent is colonized with MRSA.”

C-Diff bacteria, found in fecal matter, are spread when someone touches surfaces or items contaminated with feces, then touches their mouth or mucous membranes. Health care workers spread the bacteria to people they work with or surfaces through hand contact. It is commonly acquired after a person has been on a course of antibiotics.

Enterococci bacteria are found in the human intestines, the female genital tract and the environment. The antibiotic Vancomycin is used to treat infection caused by enterococci, but antibiotic overuse has created HA-resistant infections. Normally an intestinal bug, VRE is now seen in hospitals more typically in wounds than in urine.

“There's a serious issue that people don't understand,” says Lex Frieden, a professor at the University of Texas at Houston and senior vice president of Texas Institute for Rehabilitation and Research. “I know a lot of quadriplegics who find it difficult both from a functional and time standpoint to wash frequently. All they're doing is providing a healthy breeding ground for bugs that can live on the skin, then get into your body. With MRSA you may never know you have it, but get a scratch, a cut or a bedsore, the bug raises his head and says, There's fresh meat, let's go baby!”

Now hospitals are following CDC guidelines to stave off HA-MDRO infections.

**(Continued On Page Four)**

# **Refrigerator Calendar**

## **\*2008**

### **JUNE**

**2nd - Elderly & Disabled Advisory Council Meeting.**  
**Mon 1:00 p.m.; TARC; 1000 W. Broadway; Board Room.**

**16th - Derby City Chapter meeting; 6:30 p.m; Frazier Rehab Institute.**  
**Mon 220 Abraham Flexner Way; Louisville; 10th floor dining room.**

**21st - Metro disAbility Coalition Meeting; 3:15 p.m.**  
**Sat Urban County Government Center; Barrett Avenue; Louisville**

### **JULY**

**7th - Elderly & Disabled Advisory Council Meeting**  
**Mon 1:00; TARC; 1000 W. Broadway; Board Room.**

**21st - Derby City Chapter meeting; 6:30 p.m.; Frazier Rehab Institute**  
**Mon 220 Abraham Flexner Way; Louisville; 10th Floor dining room.**

**19th - Metro disAbility Coalition Meeting; 3:15 p.m.**  
**Sat Urban County Government Center; Barrett Avenue; Louisville**

**SEPTEMBER PICNIC  
INFORMATION FORTHCOMING IN  
FUTURE ISSUES**

**For More Information Call**  
**David Allgood at 502-589-6620**

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## SUPERBUGS, CONT'D

Clearly, MDROs are transferred because of improper or lack of hand washing, and the culprits are often doctors or other health care workers. A University of Maryland study showed that 65 percent of doctors and medical professionals admitted not washing their lab coats for at least one week even though they knew they were dirty. An astounding 16 percent admitted not washing their lab coats for at least one month.

“We’ve been very vocal about saying most MRSA and HA infections are spread on the hands of health care workers,” admits Diaz. “People are the link. But if you were constantly washing your hands, it wouldn’t matter if your coat is dirty or your tie is funky. There is a definite link with health care workers spreading HA infections. Washing hands is not the only method of prevention, but it would certainly cut down on infections.”

CDC formal guidelines for cleansing hands in 1975 and 1985 recommended “hand washing with non-antimicrobial soap between the majority of patient contacts and washing with antimicrobial soap before and after performing invasive procedures or caring for people at high risk. Use of waterless antiseptic agents was recommended only in situations where sinks were not available.”

Where did the problem begin? The FDA reports that resistant disease strains emerged more than 50 years ago after discovery of penicillin and other antibiotics. But today, according to a CDC report by Dr. David Bell, “we’ve reached a situation where it is no longer an isolated problem of this bug or that bug. Virtually all important human pathogens treatable with antibiotics have developed some resistance “

“The first I ever heard of MRSA was in the late 1980s,” says Kathleen Dunn, a clinical nurse specialist and rehabilitation case manager at the Spinal Cord Injury Center, VA San Diego Healthcare System. “The Netherlands have done a lot of work to reduce the problem, and they’re the ones that we’re modeling our program on of culturing people we treat, pushing hand-washing and using at least 60 percent alcohol-based hand soap.”

Dunn explains that throughout her hospital are signs reminding all personnel, visitors and patients to wash their hands. People being treated are encouraged to ask doctors or nurses to wash hands upon entering their room. Also, everyone’s nose is cultured upon admittance to the VA, if moved

from one room to another, and upon discharge.

“What we’re doing in the VA now is specific to MRSA because it’s a biggie,” she explains. “We have nose culture results within two hours. We know if you have community- or-hospital-associated MRSA from a previous admission and we immediately know who to put in contact isolation. If you tested negative upon our arrival at the VA, and you go from Spinal Cord Unit to ICU, and you test positive when you get to ICU, that means SCU gave it to you.”

But, Dunn says, a positive culture for MRSA doesn’t mean you will become sick, so antibiotic treatment isn’t automatic. “Antibiotics used for MRSA are very toxic and can cause damage, including hearing loss or partial loss of kidney function,” she says. “You won’t be treated with antibiotics unless you get sick with fever and MRSA symptoms.”

In some cases, such as open-heart surgery where infection rate is high, MRSA will be treated with or without symptoms. But after treatment, within six months MRSA is colonized again—it’s that strong.

“The bacteria is still someplace in your body and it just comes back once you stop the antibiotic,” Dunn says. “It’s a resistant bacteria—it evolved to live.”

In October 2005, Thomas Walley, now 28, of Swannoa, N.C., was transferred to CarePartners Rehabilitation Hospital, Ashville, after spine-shattering L5 to S1 incomplete SCI. Walley, whose sacral reconstruction surgery incision took months to heal because of infection, requiring a serious regimen of antibiotics, now carries MRSA and may spend the rest of his life battling the bug. It’s possible that Walley was infected with MRSA during open-heart surgery to repair an aorta at the time of his hospitalization following his accident.

During rehab, Walley’s MRSA took up residence in the reconstruction incision. Once the infection was noticed, he was placed in a private room with contact restrictions and hand washing precautions. Even though personnel noticed his infection getting worse, other than changing wound dressing, nothing was done.

During one night after a dressing change, Walley felt something poking him in his back. He reached behind and found an incision staple. It happened a few more times, but when he mentioned it, “they just dismissed it.” Until a nurse, while changing dressings, tapped on a piece of hardware installed for sacral repair.

“The infection was deep enough for her to see the hardware,” he says. “The skin was breaking down from the infection that was spreading and the staples had nothing to hold on to.”

The infection was in the hardware as well. After debridement surgery to cleanse the area, the incision was left open and a wound vacuum used to facilitate healing.

**(Continued On Page Five)**

Two weeks later, the wound vac was removed because it was pulling off spinal cord fluid along with the infection, putting Walley at risk for spinal meningitis. "I had to be on IV antibiotics for six weeks and oral antibiotics for six months because of MRSA," he says.

While infected, Walley went to physical therapy with everybody else and didn't notice any special precautions taken. Dunn says the VA's PT department standards are to wipe mats between anybody who is treated whether they have MRSA or not. "We have volunteers whose job it is to clean in PT," Dunn explains. "Contact isolation rooms, every bedside table, and bed rails get cleaned every day with disinfectant. Upon discharge, everything in every room gets cleaned with disinfectant."

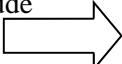
Federal hospitals have standards and expectations for infection control, based on CDC recommendations. "They do surprise inspections," says Dunn. "If they find three people in the whole hospital who don't properly clean their hands or follow procedure, you fail."

MRSA is also becoming prevalent in schools, clinics and other public areas. "People who provide attendant care are not typically trained nor supervised as nurses and aides in hospitals," Frieden warns. "They may be carrying bugs into your home."

Frieden suggests having a lists of expectations for home care workers, including a hand washing routine upon arrival and during their stay, especially during personal hygiene. "Education is the key to changing behavior," he says. "These bugs are evolving. And while bugs are a part of our makeup, we need to learn to live with them, but the key word here is, live."

Frieden says researchers are finding bug-eating bugs. In the future, your doctor will give you a "friendly bug" to combat your bad bugs. He believes that some people may naturally have "friendly bugs" in their system that fight bladder or other infections.

While asking someone in your home to wash hands is easy, asking a nurse or doctor to carry out proper procedure isn't second nature. It can help to know the chain of command of medical personnel for self-advocacy. It doesn't help to complain to your doctor about nursing care. "Nurses don't work for doctors, they work for the hospital, they have a boss," Dunn says. "Most doctors in private hospitals are independent practitioners with privileges at hospitals."

Dunn says all hospitals have a head nurse on the unit. Each shift has a charge nurse and sometimes a nursing house supervisor. "If you don't get satisfaction, ask to speak to the director of nurses," she suggests. "You may also contact a patient advocate or representative. For doctor complaints, contact the medical staff office or health risk management, if available." Dunn also recommends keeping a journal while in the hospital, including names of nurses on particular dates. You may want to include comments on procedural missteps if any occur. 

## FOR SALE \*\*\*

**WC Lift; \$1,700; Invacare Storm TDX 3 Power WC; full reclining; less than 1 year old; \$1500; Call David 589-6620.**

**NC topper; used; 3 E&J Manual chairs; used; 1 Quicksilver Action manual chair; Monarch hand controls. 93,000 miles. Price negotiable. Call Ruth @ 239-9754 after 5 p.m.**

**\*Shower Chair; 2 yrs old, negotiable; Invacare 900 Action Power Chair; 4 yrs. Old; \$600. Call 448-5296.**

**\*Cookbooks for Sale: Recipes compiled by Chapter members; \$10:00. Call David @ 589-6620.**

**\*Video tapes for sale. Various topics related to spinal cord injuries. Call David Allgood or Buddy Lawson.**

*\*\*\*If assistance is needed to pay for any of the above items, contact Kentucky Assistive Technology Loan Corporation at 1-800-327-5287 for information on loans at 5% interest to qualified individuals.*

**And as always, our lovely shirts are for sale, too!**

**S, M, L XL  
\$10**



**HAPPY FATHER'S DAY!!!**

## SUPERBUGS, CONT'D

Since August 2007, Walley has been dealing with pressure sore issues in the exact area of his MRSA infection. When we spoke with him, he was scheduled for plate removal surgery, the same plate, he thinks, that was exposed. His doctor scheduled same-day surgery, but Walley will be admitted as an inpatient because of Medicare rules. "I do not want to stay overnight. That's what I am concerned about at this point," he says. "I want to be there as little as I absolutely have to. Both times I've been in the hospital I've gotten an infection. I've had an open wound at home for three months with no infection whatsoever."

Walley has a plan for this hospital visit: "I'm going to be vigilant and stay as active as I can. If I'm on IV after surgery, I'm going to get them out and get out of the hospital as fast as possible."

*You are cordially invited to join us!*

*The Derby City Chapter of the National Spinal Cord Injury Association consists of people with spinal cord injuries and similar physical conditions, their family members, friends, and professionals or other interested parties.*

*We meet:*

*WHEN- Third Monday of every month from 6:30 to 9:00 PM*

*WHERE- Frazier Rehab Institute, 10th floor Dining Room  
220 Abraham Flexner Way, Louisville, KY 40202*

**If you wish to be a member, donor, and/or be on the mailing list of the Derby City Chapter of the National Spinal Cord Injury Association please complete and mail the following form to the address below**

**National Spinal Cord Injury Association**

**Derby City Chapter**

**Membership & Organization Sponsorship Form**

Name: Mr./Mrs./Ms./Dr. \_\_\_\_\_ Date \_\_\_\_\_  
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 (only \$12): \_\_\_\_\_

Special Interests /Hobbies/Sports: \_\_\_\_\_

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Membership is open to all individuals and sponsorship to all organizations interested in spinal cord injury.

Mark Type of TAX DEDUCTIBLE Individual Membership or Organization Donor Category Desired\*\*\*

- |                                    |  |
|------------------------------------|--|
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