

institutions. "For complex, changing problems, you need a lot of diverse input," Dr. Peterson says.

As resistant pathogens spread—to hematology, transplant and dialysis patients, for instance—representatives of those units also joined the committee, not out of bureaucratic obligation but medical urgency. "There were patients dying," Dr. Noskin says. It's doubtful anyone could have planned such eager cooperation. "We didn't set out to do anything special," says Ms. Reiner. "We



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**Lance Peterson, Sandra Reiner
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set out to do our jobs."

A critical addition was hospital pharmacist Mike Postelnick, who recognized that antibiotics effectively act as fertilizer for many bacteria. Physicians often resist meddling by pharmacists, but not this time. Antibiotic use has since plunged in favor of alternate treatments.

INTERNAL communications accelerated when the physicians won approval for an in-house genetics lab, cutting the time spent waiting for DNA analysis from

days to hours. "Now we're attacking in real time," Dr. Noskin says. The task force also began searching out infection before symptoms appeared, culturing rectal swabs from at-risk patients (such as those with compromised immune systems) and isolating any who tested positive.

The team also found that outpatients, such as cancer patients returning for chemotherapy, were bringing infection in. So computer technicians and admitting people joined the task force, creating software that identified which returning patients might pose a threat.

Eventually the team absorbed even maintenance officials. Studies suggested that a sink shortage was inhibiting hand-washing, so top management ripped out drinking fountains to fill hallways with wash basins. Infection experts also joined the design team for Northwestern's new \$580 million building, now nearing completion. Touring the site in his hard hat, Dr. Peterson points proudly to the staff-only sinks being installed inside the entries to 500 private rooms. "You have to walk by the sink to get to the patient," he notes.

In the latest fiscal year, nosocomial infections at Northwestern totaled 5.1 per 1,000 patient days, roughly half the last-known national rate. Over three years Northwestern's rate has plunged 22%, saving \$4.2 million in annual medical costs, and at least a few lives.

Infection respects no political or bureaucratic barrier. Neither do competitors, customers or destabilizing new technologies. When threats mount, healthy organizations communicate across all boundaries. "Other places are more protective of turf," says Dr. Peterson. "There's very little territoriality here."