

Testimony of Lorraine J. Piurowski

Please strengthen bill 579; please make the plan include screening

My name is Lorraine Piurowski and I am a resident of South Windsor. In October 2007, my husband underwent successful surgery for cancer. His hospital records indicate that he was progressing well. He was able to walk the hospital corridor, eat a regular diet, and use the bathroom without assistance. He spoke with family and friends by phone and spoke eagerly of returning to his full-time job as a machinist, something his doctor said could occur 4 to 6 weeks after discharge.

On Friday, November 2, 2007, he called me at home to inform me that he was going to be discharged the next day, Saturday, November 3, at 10:00 a.m. He had been diagnosed with pneumonia a couple of days earlier, but at that time the pneumonia was not presented to us as life threatening and was only described as a setback. He was being treated with Vancomycin.

On Saturday, November 3, 2007, I arrived at the hospital carrying my husband's clothes, expecting to be bringing him home. I walked into the unit, past the nurse's station, and into his room. At first, it did not register to me that the room had been prepared to receive a new patient: the bed was freshly made, and no personal items were noticed. It did not register with me that my husband was no longer occupying the room, and I knocked on the bathroom door. "Jerry, are you in there?" Seconds later, a staff member came into the room and asked me, "Didn't anyone from ICU call you and tell you that he was transferred to the ICU early this morning?" I simply said that no one had called me. I then followed her to the ICU, where my husband was just being placed in a medically-induced coma so that he could be placed on a ventilator. I would never have the opportunity to speak with my husband again and, for the next month until he died on December 1, he would remain in a coma and on a ventilator.

My husband's pneumonia turned out to be "MRSA pneumonia," which was totally non-responsive to antibiotics. The fact is it was too easy for my husband to acquire MRSA in the hospital, as hospitals that do not routinely screen patients have relatively high rates of MRSA-related infections. My husband was not pre-screened for MRSA-resistant staph, nor to my knowledge was any other patient. Other states have passed MRSA screening laws that recognize that screening is an essential, life-saving measure that saves lives and money. The cost of my husband's hospitalization was nearly \$400,000—a cost that far exceeds the cost of screening. The number of hospital-acquired MRSA infections can be dramatically reduced. Other states have demonstrated that fact.

I write this in memory of my husband and on behalf on those patients whose lives could still be saved by the enactment of MRSA screening legislation. You do not know how deadly this bacterial infection can be until you helplessly watch a loved one slowly succumb to it.