

ORs closed after *Aspergillus* discovered at Royal Vic

Hospital officials in Montreal suspect that one patient died and another became gravely ill in February because of fungal spores in a city hospital's 40-year-old ventilation system. The Royal Victoria Hospital responded by closing 12 of its 15 operating rooms after *Aspergillus* was discovered in their air ducts. The move forced the hospital to move 2000 operations into other ORs around the city.

The surgical wing will be closed for 3 months while the ventilation system is cleaned and revamped, a hospital spokesperson says. High-efficiency particulate air filters are currently being installed in the operating block's ventilation system to deal with the *Aspergillus* spores, which are only 2 to 3 microns in size. Investigators speculate that the fungus infiltrated an aging ventilation system after renovations last summer.

"After DNA fingerprinting of environmental isolates and the patients' isolates, we're pretty sure that the ventilation system is the cause," says Dr. Vivian Loo, the hospital's infection-control officer. A definitive link can only be made after lab results from the Centers for Disease Control and Prevention in Atlanta become available later this month.

Since the OR closures at the Royal Vic, *Aspergillus* has also been detected at the Montreal Neurological Institute and Hospital, but no facility closures were needed there. (Both are part of the 5-institution McGill University Health Centre [MUHC] network.) Montreal's Re-

gional Health Board has responded with new guidelines for hospital renovations to prevent future outbreaks.

Questions about the physical state of the Royal Vic, which was constructed between 1883 and 1953, are nothing new — last year it was the target of patient complaints about its deteriorating physical plant, including rusty vent grates in the ORs.

"My fondest hope is that people will recognize that we're in an awkward situation, which highlights why we need to be in 1 new institution," said Dr. Jonathan Meakins, the hospital's chief of surgery. (Despite some opposition, a new building to house the MUHC's 5 existing sites is slated to be complete by 2005, at a cost of \$1.2 billion.)

The Montreal hospitals aren't the ones being affected by *Aspergillus* — a 1999 Health Canada report documented 24 Canadian hospitals facing the same problem. "Perhaps there's a call for routine testing of ambient air conditions," said Dr. Denis Roy, director of professional services at the Royal Vic.

Most of the 2000 operations that had to be shifted were rescheduled at 5 other Montreal hospitals within 2 weeks of the

OR closures. "We're doing 80% of our usual volume," says Meakins.

The effect of this massive reorganization has been "profound," he added. Entire OR teams — including surgeons, anesthetists, anesthesia technologists, nursing staff and orderlies — relocated on short notice, taking their surgical equipment and instruments with them.

Patients already on waiting lists for elective surgeries now face longer delays, and surgeons have to work shifts to accommodate cases shoehorned into other hospitals' schedules.

"We're all a little depressed," said Meakins. "On the one hand there's dismay that the staff is unable to provide their usual services, and angst that this disruption may go on for

months. But on the other hand there's been an epiphany about how to solve this kind of problem. Other hospitals have been helping us and there's been cooperation from nurses, physicians, anesthetists and unions, who have all relaxed rules about who can work where and when." — *Susan Pinker*, Montreal



Dr. Vivian Loo: Ventilation system the cause?

Spending on drugs approaching \$15 billion a year: CIHI

Canadians spent \$14.7 billion on drugs in 2000, an increase of about 10% over the previous year, the Canadian Institute for Health Information (CIHI) reports. And while the makers of brand-name drugs say this isn't necessarily a bad thing, the companies that make generic drugs say rising prices and increased patent protection are making drugs more inaccessible.

A CIHI report on drug expenditures (see Pulse column, page 1336) indicates that spending on drugs is expected to account for 15.5% of total Canadian health spending in 2000, making it the second largest category after hospital services. However, Canada's Research-based Pharmaceutical Companies — the organization representing manufacturers of brand-name drugs — says its members are not to blame because their

prices are held in check by the Patented Medicine Prices Review Board. That board reports that total sales of patented drugs increased by 27% last year.

Jim Keon, CEO of the Canadian Drug Manufacturers Association, which represents makers of generic drugs, attributes this percentage increase to new, expensive drugs. However, Anie Perrault, a spokesperson for the brand-name companies, says the overall rise in drug expenditures is tied to an aging population and an increase in the number of therapies offered.

The increased spending "may mean that fewer people are going to hospital and to emergency and have a better quality of life," adds Perrault. "We may be saving in other places."

According to CIHI, the growth in drug expenditures averaged 9.2% between 1997 and 2000. Spending on all prescription drugs in 2000 increased by 10.6%, to \$11.4 billion, while spending on nonprescription drugs (not including herbal remedies) increased by 4%. — *Barbara Sibbald*, CMAJ