SHEA Newsletter

Edited by Robert A. Weinstein, MD

The Society of Hospital Epidemiologists of America

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Year 2,000 Health Objectives for the Nation

Over the past year, the Institute of Medicine of the National Academy of Science has been collecting testimony from health professionals and others concerning long-range plans for the health of the United States. This is patterned after the Health Objectives for 1990 and covers a broad range of preventive concerns. William Scheckler, MD from SHEA was asked to provide ***written testimony; among the problems that he identified, the following is of particular interest to SHEA members. It is quoted here in part as it was submitted in April to the Institute of Medicine.***

Problem: Acute care hospitals are taking care of an increasingly aging population . . . with greater intensity of care. This has the potential for increasing nosocomial infection rates and other . . . problems . . .

Background: . . . recently it has become clear that interhospital comparisons of nosocomial infections are impossible without an appropriate case mix adjustment mechanism to account for severity of-illness. The current focus of the Joint Commission and HCFA require such a case mix adjustment. [1,2]

Assessment: Specific targets to decrease rates of nosocomial infections are largely irrelevant in the context of the rapidly changing case mix . . in . . hospitals. Monitoring rates . . and developing a national network of representative hospitals to do this monitoring will continue to be important.

Plan ***A:*** By the year 2,000 the CDC should have developed the National Nosocomial Infection Study . . . into a reasonably representative (hospital) sample . . . to monitor . . , trends in nosocomial infection rates and problems.

Plan B: The CDC should be given the resources to fund research grants and demonstration projects in nosocotnial infection prevention and control.

Plan C: The CDC Guidelines activity . . . should be continued with input from The Society of Hospital Epidemiologists of America and the Association of Practitioners in Infection Control. Major updates of all guidelines should be done every five years and published with interim reviews every one to two years as new knowledge dictates.

Plan D: The problems . . of HIV infections in the acute care setting must not be allowed to siphon resources required to maintain and develop . . . programs in basic nosocomial infection management . . . .

REFERENCES

1. Jencks SF, Dobson A: Refining case-mix adjustment—The research evidence. *N Engl J Med* 1987; 317:679-686.
2. O'Leary DS: The Joint Commission looks to the future. *JAMA* 1987; 258:951-952.

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Please send me an application form and information about membership in The Society of Hospital Epidemiologists of America (SHEA). (Eligibility for membership requires a doctoral degree and either activity in hospital epidemiology or current participation in a training program in this field.)

My address is:
(Please print)

Mail this request to Timothy R. Townsend, MD, SHEA Secretary, Brady 119, Johns Hopkins Hospital, 600 N. Wolfe St., Baltimore, MD 21205.

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