SHEA Newsletter

Edited by Robert A. Weinstein, MD

The Society of Hospital Epidemiologists of America

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Whither Infection Control?

Recently, an item has come to my attention that has a direct impact on the future of hospital-based infection control programs. In the most recent New York state hospital licensure regulations, there is no longer a specific requirement for an infection control committee.

For years we have been saying that the role of hospital epidemiology is expanding. This is certainly true. Epidemiologic principles are central to such areas as quality assurance, risk management, and pharmacoepidemiology. Severity of illness indicators are useful not only for identifying patients at risk for hospital infections, but also for judging risks for other adverse outcomes or hospital costs. Nonetheless, infection control, per se, is an essential component of our efforts to maintain high-quality patient care. As a unique discipline, it brings with it a body of scientific information and clinical expertise that requires special attention. Effective infection control requires specialized training and professional skills. It is more than simply counting episodes of infections; it involves clinical judgment, data analysis, education programs, and development of effective strategies for implementation and prevention. A successful infection control program depends on an effective, multidisciplinary committee with the active involvement of hospital administration. The function of the infection control team cannot be abandoned and handed over to another administrative structure within the hospital that lacks expertise, clinical experience, and educational resources to implement its program.

Yes, we are committed to expanding the horizons of hospital epidemiology, but not by diluting the importance of infection control. We must act now if we are to preserve the integrity of this discipline within the hospital setting.

Richard A. Garibaldi, MD
Past-President, **SHEA**
Farmington, Connecticut

Dr. Peter M. Schyve, Director, Department of Standards, Joint Commission on the Accreditation of Healthcare Organizations, was asked to comment. He noted that the Joint Commission's standards are becoming less prescriptive, ie, stating what needs to be done rather than how to do it. He emphasized that although the Joint Commission's Agenda for Change has included infection control outcome indicators under the hospital-wide quality outcome indicators, there is still a separate standard for infection control.

Nevertheless, as Dr. Garibaldi notes, in some areas of the country infection control is being subsumed by larger departments, including risk management, quality assurance, and even utilization review. According to one Joint Commission staffer,

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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this is all being followed with "watchful interest." SHEA members with news about similar developments in their locales are encouraged to share information with the membership, through the Newsletter.—*Ed.*

SHEA/CDC Training Program for Hospital Epidemiologists

When: March 29-31, 1989 (immediately preceding the Centers for Disease Control's annual Epidemic Intelligence Service conference).

Where: Centers for Disease Control, Atlanta, Georgia.

Chairpersons: Allen Kaiser, MD; William Martone, MD; Donald Goldmann, MD.

This program, developed by SHEA and the CDC, is intended for *infectious diseases fellows* and *new hospital epidemiologists*. It emphasizes hands-on exercises in which participants work in small groups to detect, investigate, and control epidemiologic problems encountered in the hospital setting. These working sessions are supplemented with lectures and seminars covering fundamental aspects of hospital epidemiology.

There is no course fee; however, five awards of $1,000 each are available for infectious diseases fellows to defray expenses for travel and accommodations. Interested fellows must submit a letter of not more than one page describing why they want additional training in hospital epidemiology. A letter from the fellow's program director outlining the applicant's qualifications and suitability for the SHEA/CDC course is also required. The SHEA Educational Activities Committee will select scholarship recipients based on these letters. Awards are made possible by a grant from Merck, Sharp and Dohme.

Enrollment is limited to 30 persons. Please send scholarship applications, as well as requests for enrollment and additional information to: Allen Kaiser, MD, Vice Chairman, Department of Medicine, Vanderbilt University Medical Center, T3108 MCN, Nashville, TN 37232; telephone: (615) 343-6821.

Liaison Report-CDC

William Martone, MD reported that a draft of the CDC year 2,000 objectives was mailed to various organizations for review. He also reported that the National Nosocomial Infection Study (NNIS) has begun collecting risk factor denominator data so that it can determine and report risk-factor-specific infection rates. Dr. Martone reported that NNIS also is increasing the number of participating hospitals (currently about 80). He noted that the Hospital Infections Branch is increasing AIDS funding and will be contracting with several hospitals to study the epidemiology of emergency room exposures to blood and body fluids.

Final Call for Abstracts for SHEA/IC&HE National Meeting

Baltimore! March? It will be outstanding! SHEA and *IC&HE* are cosponsoring a conference entitled, "Hospital Epidemiology: New Challenges and Controversies." It is SHEA's first venture into the national meeting scene and should be a terrific offering. The presenters and discussants include many of our members and well-known experts on topics to be **discussed** (not mutually exclusive). A registration brochure is enclosed with this issue of the journal. However, in order for us to have a successful meeting, we need your help. We need you to come, attend the sessions, and join the discussion; you may consider presenting a poster if you want to participate more actively. **The deadline for abstracts is Jan 31, 1989.** An abstract form for the poster session appears on the facing page. For additional registration information, please write to: Hospital Epidemiology: New Challenges and Controversies, 6900 Grove Road, Thorofare, New Jersey 08086-9447.

Update on Joint Commission's Hospital-wide Clinical Indicators Task Force

Seventeen pilot hospital sites have provided preliminary data on the indicators developed by the Joint Commission's task forces on anesthesia and on obstetrics (see March 1988 *Newsletter).* Now that this data is available, the work of the Joint Commission's Hospital-wide Clinical Indicator's Task Force will be reactivated. Thirteen indicators have been divided into five groups for further evaluation: unplanned admissions, pressure ulcers, infectious diseases, medication errors, and mortality.

SHEA's Severity of Illness Working Group has consulted with the Joint Commission and provided comments and suggestions on several of the 13 hospital-wide indicators. The working group would be delighted to get input from anyone who has an organized program for collecting and evaluating data on the appropriateness of antibiotic use or a program for monitoring antibiotic side effects. Please contact Peter Gross, MD, chairman, Severity of Illness Working Group.

SHEA Associates—The Cost-Effective Approach

SHEA encourages infectious disease *fellows* to join its ranks and receive the journal as *Associate Members.* Infectious disease fellows wishing to take advantage of this broad spectrum, nontoxic, cost-effective membership category should contact SHEA secretary, Timothy Townsend, MD, Brady, 119, Johns Hopkins Hospital, 600 N. Wolfe St., Baltimore, MD 21205.

Brief items of interest for the SHEA Newsletter may be sent to Robert A. Weinstein, MD, SHEA Newsletter Editor, Division of Infectious Diseases, Michael Reese Hospital, Lake Shore Drive at 31st St., Chicago, IL 60616. Copy must be typed, double-spaced, and may not exceed five pages.

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