SHEA Newsletter

Edited by Robert A. Weinstein, MD

The Society of Hospital Epidemiologists of America

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Presidents' Message—More Than Just a New Cover

'l'his issue of "The Journal" marks a step fin-ward for the Society of Hospital Epidemiologists of America (SHEA). After a long negotiation we finally have an official scientific journal. One immediate consequence of this arrangement is a new title for *Infection Control-now Infection Control and Hospital Epidemiology*. This change in title signifies a broadening of the scope and mission of both the journal and the organization. Our interests are no longer limited to issues of infection control per se, but include all areas of hospital epidemiology. Proper use of epidemiologic principles is requisite for the understanding of and solutions to problems of quality of care, cost/benefit analyses, drug utilization patterns, decision analyses, risk management, and cost issues of all types. Our epidemiologic expertise and leadership is needed in these areas as well as in the more traditional area of infection control. The journal provides us with a vehicle to communicate our knowledge and insights in these areas.

During the 1970s many of the current members of SHEA met informally at the annual ICAAC/IDSA (Interscience Conference on Antimicrobial Agents and Chemotherapy/Infectious Diseases Society of America) gatherings to discuss issues of mutual concern regarding nosocomial infections. These meetings led to the formation of Division "L" in the American Society for Microbiology, and in 41981 led to the founding of SHEA. *Infection Control* began publication about the same time. Over the years many changes and challenges have occurred in hospitals. Our founders wisely chose to identify our work with the discipline of epidemiology and this broader approach of problems beyond infection control is now possible and practical. During 1987 SHEA matured organizationally-survived its adolescence-and became ready for an "official journal." At the same time the Editor, editorial board, and publisher of *Infection Control* saw the possibilities of a mutually beneficial relationship with SHEA. This year and this journal should prove the wisdom of that decision.

The new liaison between SHEA and the-journal is symbolic in other ways as well. It marks a maturation of the Society and carries a responsibility for us to be collectively active in voicing our opinions and concerns on epidemiologic issues found in hospitals today. These concerns run the gamut from the control of disease transmission to the prevention of adverse drug reactions; from questions of human immunodeficiency virus (HIV) testing to the implementation of universal precautions; from recommendations of cost-containment practices to severity of illness modifications of diagnostic related groups (DRGs); from investigations of case clusters to analyses of computerized data bases. As new policies or new ideas are generated in these areas, we will be called on to take a stand and lead the way. We will need your experience, expertise, and wisdom to guide the Society into the 1990s. We expect that many of you will continue to focus on issues of nosocomial infection control and prevention. However, those with developing expertise and interest in broader issues of hospital epidemiology are

Please send me an application form and information about membership in The Society of Hospital Epidemiologists of America (SHEA).

My address is: (Please print)

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

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encouraged to "go for it." You can help by sharing your insights with us, by using the journal to publish your observations and scientific articles, and by reporting your experiences in editorial comments or reviews.

SHEA has already begun to address some of the key issues facing hospital epidemiologists today. Two important committees have begun to workjointly with the Association for Practitioners in Infection Control (APIC). The Severity of illness Working Group has reviewed published methods for stratifying disease severity modifiers of DRGs and will work with the Joint Committee on the Accreditation of Hospitals (JCAH) to develop a useful, standardized approach to this classification scheme. The AIDS Task Force is preparing a practical discussion of infection control guidelines and policies regarding the care of patients and health care workers involved with this problem. Plans are ongoing to develop educational workshops and training sessions to better prepare yesterday's director of infection control programs for tomorrow's role as hospital epidemiologist. It is our intention to make the Society and journal focal points for this transition and to provide a forum for the dissemination of information about the broad concerns of hospital epidemiology.

William E. Sheckler, MD
SHEA President 1987
Richard A. Garibaldi, MD
SHEA President 1988

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 Show Drive at 31st St., Chicago, IL 60616. Copy must be typed, double-spaced, and may not exceed five pages.

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