

# INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY<sup>®</sup>

## PROCEEDINGS OF THE FIRST INTERNATIONAL CONSENSUS CONFERENCE ON THE CLINICAL INVESTIGATION OF VENTILATOR-ASSOCIATED PNEUMONIA

Introduction to the Consensus Conference 633

Patient Selection for Clinical Investigation of Ventilator-Associated Pneumonia: Criteria for Evaluating Diagnostic Techniques 635

SUSAN K. PINGLETON, MD, FCCP; JEAN-YVES FAGON, MD;  
KENNETH V. LEEPER, JR, MD, FCCP

The Standardization of Bronchoscopic Techniques for Ventilator-Associated Pneumonia 640

G. UMBERTO MEDURI, MD, FCCP; JEAN CHASTRE, MD

Guidelines for Beading and Interpreting Chest Radiographs in Patients Receiving Mechanical Ventilation 650

HELEN T. WINER-MURAM, MD, FCCP; SANFORD A. RUBIN, MD; MASSIMO MINIATII, MD; JAMES V. ELLIS, MD

The Standardization of Criteria for Processing and Interpreting Laboratory Specimens in Patients With Suspected Ventilator-Associated Pneumonia 657

VICKIE S. BASELSKI, PHD; MAHMOUD EL-TORKY, MD; JACQUELINE J. COALSON, PHD; JOHN P. GRIFFIN, MD, FCCP

Methodology for Clinical Investigation of Ventilator-Associated Pneumonia: Epidemiology and Therapeutic Intervention 667

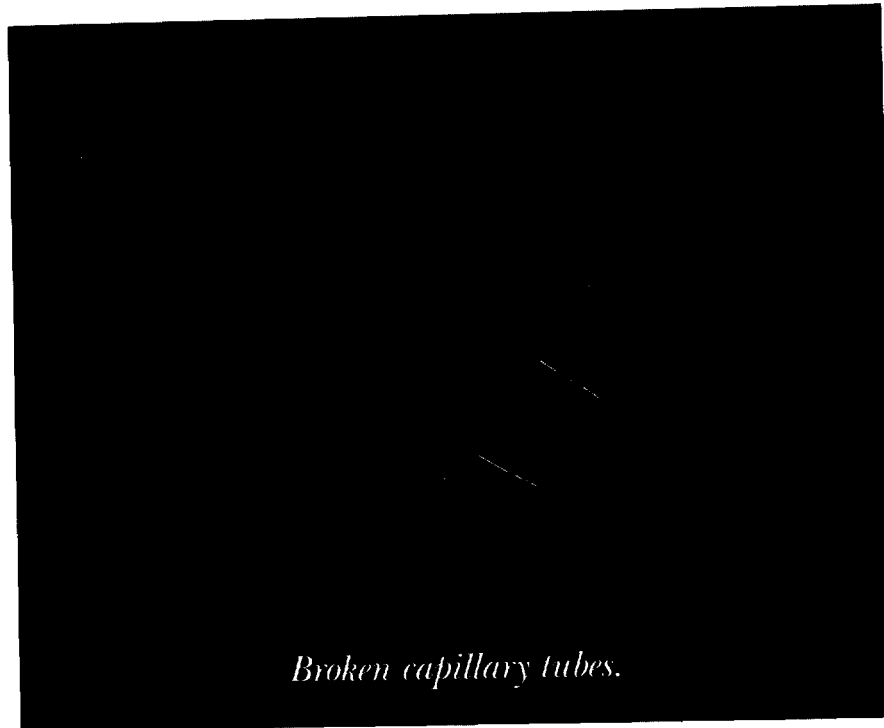
RICHARD G. WUNDERINK, MD, FCCP; C. GLEN MAYHALL, MD; CLAUDE GIBERT MD

## BEYOND INFECTION CONTROL: THE NEW HOSPITAL EPIDEMIOLOGY

Continuous Quality Improvement in a Community Teaching Hospital 678

WILLIAM E. SCHECKLER, MD

SHEA NEWS 683



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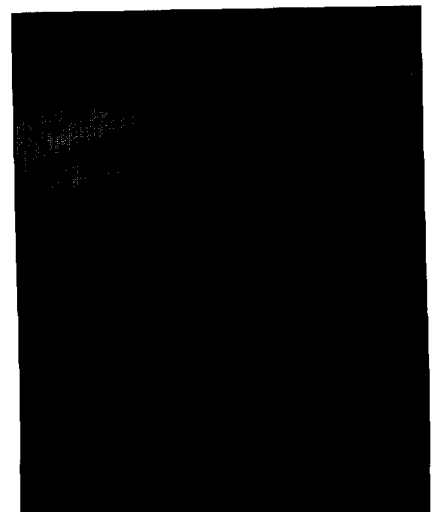
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# INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY<sup>TM</sup>

## CONTENTS

### PROCEEDINGS OF THE FIRST INTERNATIONAL CONSENSUS CONFERENCE ON THE CLINICAL INVESTIGATION OF VENTILATOR-ASSOCIATED PNEUMONIA

Introduction to the Consensus Conference	633
Patient Selection for Clinical Investigation of Ventilator-Associated Pneumonia: Criteria for Evaluating Diagnostic Techniques	635
SUSAN K. PINGLETON, MD, FCCP; JEAN-YVES FAGON, MD; KENNETH V. LEEPER, JR., MD, FCCP	
The Standardization of Bronchoscopic Techniques for Ventilator-Associated Pneumonia	640
G. UMBERTO MEDURI, MD, FCCP; JEAN CHASTRE, MD	
Guidelines for Reading and Interpreting Chest Radiographs in Patients Receiving Mechanical Ventilation	650
HELEN T. WINER-MURAM, MD, FCCP; SANFORD A. RUBIN, MD; MASSIMO MINIATI, MD; JAMES V. ELLIS, MD	
The Standardization of Criteria for Processing and Interpreting Laboratory Specimens in Patients With Suspected Ventilator-Associated Pneumonia	657
VICKIE S. BASELSKI, PhD; MAHMOUD EL-TORKY, MD; JACQUELINE J. COALSON, PhD; JOHN P. GRIFFIN, MD, FCCP	
Methodology for Clinical Investigation of Ventilator-Associated Pneumonia: Epidemiology and Therapeutic Intervention	667
RICHARD G. WUNDERINK, MD, FCCP; C. GLEN MAYHALL, MD; CLAUDE GIBERT, MD	
<b>BEYOND INFECTION CONTROL: THE NEW HOSPITAL EPIDEMIOLOGY</b>	
Continuous Quality Improvement in a Community Teaching Hospital	678
WILLIAM E. SCHECKLER, MD	
<b>DEPARTMENTS</b>	
Information for Authors	630
SHEA News	683
Medical News	687
Calendar of Events	690
Classified Marketplace	Cover 3

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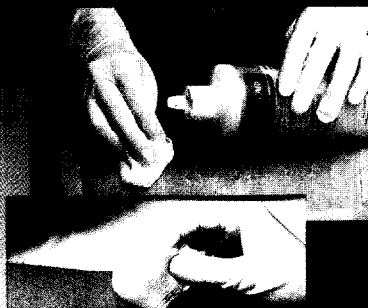
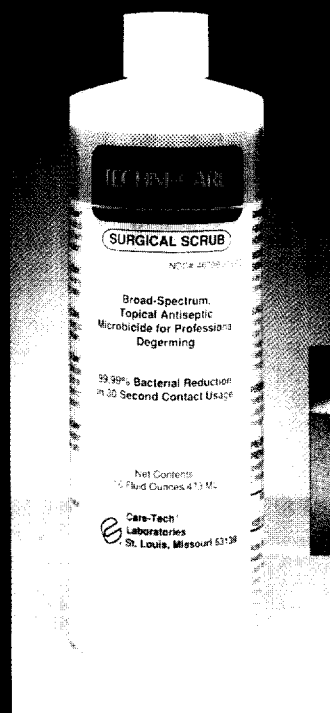
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Manuscripts should be accompanied by a cover letter that includes the title of the manuscript and the name, address, telephone, and (if available) fax number of the corresponding author. If blinded review is desired, the cover letter should so request. All manuscripts should be submitted in triplicate (with three copies of figures and tables), typewritten on one side of 8½ × 11-inch paper, double-spaced, and with generous margins. Pages should be numbered consecutively beginning with the title page. The author should keep a complete copy of the manuscript, as submitted manuscripts will not normally be returned (however, original figures, photographs, or other artwork will always be returned).

The organization of the paper should be as follows: title page; abstract; introduction; methods; results; discussion; acknowledgments; references; tables; figures; and figure legends. The main sections and subdivisions should be indicated by side headlines flush with the left margin and two lines above the text. The Arabic numbering system should be used.

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The Editor requests that authors reporting the results of clinical trials describe clearly the following: 1) eligibility criteria; 2) whether or not subjects were admitted before allocation to one of the study groups; 3) the method of randomization; 4) whether the study was "masked," what specific information was masked and whether subjects, clinicians, and evaluators were all masked; 5) the method used to identify treatment complications; 6) an explanation and analysis of subjects lost to follow-up; 7) statistical methods employed; 8) information that led to the determination of the size of the study groups and the expected differences between groups; and 9) indications that studies involving human subjects have been reviewed and approved by their institutional review board.

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b. For studies of screening and diagnostic tests: criterion standard (ie, a widely accepted standard with which a new or alternative test is being compared; this term is preferred to "gold standard"); blinded or masked comparison.

c. For studies of prognosis: inception cohort (subjects assembled at a similar and early time in the course of the disorder and followed thereafter); cohort (subjects followed forward in time, but not necessarily from a common starting point); validation cohort or validation sample if the study involves the modeling of clinical predictions.

d. For studies of causation: randomized control trial; cohort; case-control; survey (preferred to "cross-sectional study").

e. For descriptions of the clinical features of medical disorders: survey; case series.

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To assist readers in determining the applicability of the report to their own clinical circumstances, the study setting(s) should be described. Of particular importance is whether the setting is the general community, a primary care or referral center, private or institutional practice, ambulatory, or hospitalized care.

### 4. Patients or Other Participants

The clinical disorders, important eligibility criteria, and key sociodemographic features of patients and how they were selected should be provided, including the number of otherwise eligible subjects who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn for adverse effects should be given.

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Only those conclusions of the study that are directly supported by the evidence reported should be given, along with the clinical application (avoiding speculation and over-generalization); indicate whether additional study is required before the information should be used in normal clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

To permit quick and selective scanning, the headlines outlined above should be included in the abstract. For brevity, parts of the abstract can be written in phrases rather than complete sentences (eg, 2. *Design. Double-blind randomized trial.* rather than 2. *Design. The study was conducted as a double-blind, randomized trial.*) This technique may make reading less smooth but facilitates selection scanning and allows more information to be conveyed per unit of space.

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#### 1. Articles

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#### 2. Books

Heoprich PD. *Infectious Diseases.* 2nd ed. New York, NY Harper & Row Pubs Inc; 1977:169.

#### 3. Contributions to Books

Schaffner W. Psittacosis: ornithosis, parrot fever. In: Beeson PB, McDermott W, Wyngaarden JB. eds. *Cecil Textbook of Medicine.* 15th ed. Philadelphia, Pa: WB Saunders Co; 1979:336338.

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