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SHEA News

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Progress of JCAHO Indicators

At the SHEA Annual Meeting in San Diego on April 3, 1995, Paul Schyve, MD, will outline the role that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) sees for itself in improving healthcare quality in the current era of healthcare reform. This year, obstetric and perioperative indicators have been made available by the JCAHO for hospitals to use for validation of their performance in relation to a larger dataset. The IMSystem adds trauma, oncology, and cardiovascular indicators in 1995 and infection control and medication

error indicators in 1996 for hospitals to use on a voluntary basis.

Late in November 1994, an outside expert panel, chaired by Robert Haley, MD, was to recommend to the JCAHO a final subset of those infection control indicators, including a practical methodology for their stratification, that has been in beta testing by a small number of hospitals working with the JCAHO for the past 2 years. These included specific nosocomial surgical site infection rates (chosen from CABG, total hips, hysterectomy, cholecystectomy), rates of postoperative pneumonias, urinary cath-

eter use in these same patients, ventilator-associated pneumonia, bacteremia, and employee measles immunity.

In concept, the JCAHO is hoping to make available to all hospitals a methodology for nosocomial infection data collection and submission, with national dataset feedback, which was begun 20 years ago by the Centers for Disease Control and Prevention's National Nosocomial Infection Surveillance System. By the time of our 1995 Annual Meeting, more specifics of the 1996 JCAHO Infection Control Indicators should be available.

Pneumococcal Vaccine in Short Supply

Immunization of Medicare patients with pneumococcal vaccine has been promoted recently and now is a covered benefit. At influenza immunization time, many practitioners and organizations have considered giving both vaccines to high-risk patients receiving influenza vaccination.

The editor recently discovered that both U.S. manufacturers have a large backlog of orders.

Merck's toll-free line ([800] 637-2579) advised us on October 31 (as it did on October 1) that their vaccine is back-ordered and that they have no idea

when vaccine will be available. Lederle-Praxis ([800] 533-3753) tells us that they will have some pneumococcal vaccine by the end of January but do not know whether it will be just enough to fill back orders or more.

The message is that stringent production requirements have constricted

greatly the available supplies of an important preventive tool; many physicians who were unaware of tight supplies have faced this reality as they tried to implement combined influenza/pneumonia vaccination programs for seniors.

Brief items of interest@ the SHEA News or Newsletter may be sent to C. Glen Mayhall, MD, SHEA, Newsletter Editor, Division of Infectious Diseases, Route 1092, The Former Shriner's Burns Bldg, Room 2-64B; University of Texas Medical Branch; Galveston, TX 77555-1092; FAX (409) 772-6527. Copy should be typed, double-spaced, and should not exceed 5 pages.