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SHEA News

THE SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA

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SHEA's Fourth Annual Meeting Big Success

The Fourth Annual Meeting of SHEA, which took place in New Orleans from March 20-22, 1994, is now history. The number of registrants was 530. Over the 2¹/₂ days of this year's meeting, the high quality of the scientific content was attested to by the seven state-of-the-art symposia, the 164 papers presented in either oral or poster format, and the SHEA lecture, given this year by Dr. Ted Eickhoff.

In keeping with the diverse interests of our membership, there were concurrent sessions on quality assessment and on surveillance, as well as the preconference workshops at which attendees had the opportunity to spend a half day learning with quality improvement or computer gurus. The meeting was enriched further by the 22 exhibitors.

Next year's SHEA annual

meeting will be held at the Town and Country Hotel in San Diego, April 2-4, 1995. The scientific program coordinator, Dr. David Bell, already is involved in the advanced stages of planning the program and calls on the membership to plan to register for the meeting, and to present their current work to their colleagues and peers at this meeting.

HICPAC Responds to the Threat of Multiple Antibiotic-Resistant Microorganisms in Hospitals

In response to the growing incidence of vancomycin-resistant enterococci in U.S. hospitals, the Centers for Disease Control and Preventions Hospital Infection Control Practices Advisory Committee (HICPAC) recently convened a 1-day workshop to discuss possible strategies for the prevention and control of antibiotic-resistant organisms.

Besides the CDC and HICPAC, other organizations that were represented included the American Hospital Association (Ms. Gina Pugliese and Dr. Robert Weinstein), the Infectious Diseases Society of America (Dr. Dennis Maki), and the American Society for Microbiology (Dr. Mary Gilchrist). The workshop

broke into three working groups. Working group 1 was charged with examining infection control practices that might be effective in the control and prevention of the spread of vancomycin-resistant enterococci. Control measures that were proposed included: patient isolation in a single room or with a cohort, use of gloves for all individuals entering the room, use of gowns when there is substantial contact with a patient or contaminated items in the environment, and such environmental measures as cleaning of noncritical items used for multiple patients, for example, electronic thermometers, terminal cleaning of rooms, and environmental culturing as a quality control

indicator. The working group considered a two-level approach whereby fewer control measures might be instituted if the prevalence of resistant enterococci is low. In general, however, the working group concluded that the relative effectiveness of these infection control measures is unknown and further research is needed.

Working group 2, chaired by Dr. Robert Gaynes of the CDC, examined the methods hospital laboratories currently use in the testing and detection of antibiotic-resistant enterococci and other important gram-positive organisms. The group concluded that current approaches for the detection and

surveillance of epidemiologically important antibiotic resistance are inadequate and need to be improved. Additionally, a more effective national sentinel system involving hospitals and laboratories should be developed.

Working group 3 was chaired by Dr. Walter Hierholzer and examined methods for the control of vancomycin use in hospitals. Among the recommendations were the development of a set of acceptable indications for

primary use of vancomycin, implementation of a system of monitoring vancomycin use with feedback to hospital staff, the development of institutional guidelines to improve blood culture techniques to reduce contamination and inappropriate diagnosis, and institutional programs to improve use of all antibiotics.

The recommendations of the three working groups were presented to HICPAC. HICPAC

recommended 1) that these recommendations be incorporated in an *MMWR* alert that would summarize recent outbreaks of vancomycin-resistant enterococci and encourage the implementation of these recommendations as interim control measures, and 2) that a larger workshop on the general issue of antibiotic resistance be convened. Such a workshop, under the sponsorship of the CDC, is being planned for the fall of 1994.

'SHEA' Has a New Meaning

The membership of SHEA has voted unanimously to change the name of the society from The Society for *Hospital Epidemiology of America* to The Society for *Healthcare Epidemiology of America*. The name change reflects the broadening role of hospital epidemiology in the study and prevention of noninfectious diseases adverse outcomes in both the hospital and outpatient settings. The same epidemiological methods

applied to the control of nosocomial infections can be used to better manage noninfectious diseases problems in both inpatients and outpatients.

Our name change is similar to that made by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which also changed *Hospital to Healthcare*. Like other organizations who have recently changed their names (Centers for

Disease Control and Prevention [CDC] and Association for Professionals in Infection Control and Epidemiology [APIC]), the acronym SHEA will not change with the substitution of *Healthcare for Hospital*. The name change reflects our interest in the epidemiological evaluation of performance measures and outcomes research and our ability to collaborate with other organizations concerned with safe and high-quality medical care.

SHEA Creates Three New Committees

SHEA has created three new committees to work on areas of special concern to the society including finances, long-range planning, and public policy. The Financial Advisory Committee is a new committee of the board, chaired by Dr. Matthew Levison. The Financial Advisory Committee is charged with raising funds for the society and its programs and overseeing the newly created reserve fund.

The Long-Range Planning Committee is a new standing committee of the president, chaired by Past-President Dr. Donald Craven. This committee is charged with strategic or long-range planning and was created to provide for continuous reevaluation and modification of

the strategic plan, rather than having sporadic strategic planning meetings when new developments or crises arise.

The Public Policy Committee also is a standing committee of the president and will be chaired by President-Elect Dr. Bryan Simmons. This committee is charged with the oversight of public policy as it relates to healthcare epidemiology and infection control and with recommending to the board

appropriate responses to pending actions by various legislative bodies that affect the fields of healthcare epidemiology and infection control.

Members of the society who would like to volunteer to serve on these or any other society committees should contact Coley Lyons, Executive Director, SHEA, 875 Kings Highway, Suite 200, Woodbury, NJ 08096; telephone (609) 845-1636; fax (609) 853-0411.

Brief items of interest for 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 five pages.