

EDITED BY C. GLEN MAYHALL, MD

MURRAY D. BATT, MD

EDWARD S. WONG, MD

# SHEA News

## THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

<b>PRESIDENT</b>	Donald E. Craven, MD/Boston, Massachusetts	<b>TREASURER</b>	Elias Abrutyn, MD/Philadelphia, Pennsylvania
<b>PRESIDENT-ELECT</b>	Peter A. Gross, MD/Hackensack, New Jersey	<b>COUNCILOR</b>	Michael D. Decker, MD/Nashville, Tennessee
<b>VICE PRESIDENT</b>	Bryan P. Simmons, MD/Memphis, Tennessee	<b>COUNCILOR</b>	Loreen A. Herwaldt, MD/Iowa City, Iowa
<b>PAST PRESIDENT</b>	John P. Burke, MD/Salt Lake City, Utah	<b>COUNCILOR</b>	Ludwig Lettau, MD/Greenville, South Carolina
<b>SECRETARY</b>	Dale N. Gerding, MD/Chicago, Illinois	<b>COUNCILOR</b>	Gunner Deery, MD/Peroskey, Michigan

## Information Needed About the Maryland Hospital Association Quality Indicator Project

At the request of several members, the SHEA Board is soliciting your help. Several years ago, the Maryland Hospital Association developed a Quality Indicator Project. The purpose of the study was to help hospitals look at outcome indicators. Their primary objective was to "provide hospital trustees with a set of reliable and valid tools for understanding their hospital's performance." Concerns have been raised by hospital epidemiologists and infection control practitioners in institutions that have long been doing thorough surveillance of nosocomial infections. They are concerned that a large number of hospitals currently reporting hospitalwide and surgical wound infection data to the Maryland Hospital Association have incomplete surveillance or are collecting data that make comparability between hospitals for these two outcome indicators highly questionable.

There has been some concern that some of the other indicators beyond nosocomial infections also suffer from problems of definition and collection. There are no severity-of-illness indicator adjus-

tors to compare the hospitals in the study. In addition, other states and organizations are setting up national hospital surveillance systems. There is concern about adequate attention to both the accuracy and completeness of the surveillance data, the definitions, and the appropriateness of comparison among hospitals without some type of adjustment of the denominators.

If you have any experience with the Maryland Hospital Association Quality Indicator Project -- either good or bad -- or

any other concerns or questions, please contact the chair of the SHEA review group set up to evaluate the possibility of a position paper in this area. APIC members also participate in this study group. Send your thoughts, concerns, or ideas to: William E. Scheckler, MD, Maryland Hospital Association Quality Indicator Project Review Group, University of Wisconsin-Madison, Dept. of Family Medicine and Practice, 777 South Mills St., Madison, WI 53715. Telephone (608) 263-3637. FAX (608) 263-5813.

## SHEA Annual Meeting Reminder

The deadline for the Early Bird advance registration for the Third Annual Meeting of SHEA is rapidly approaching. To register at the Early Bird rate, registrations must be post-marked no later than **March 26, 1993**. To reserve a room at the Palmer House at the reduced rate for the SHEA Annual Meeting, reservations must be received at the Palmer

House by **March 17, 1993**. Take advantage of the reduced rates for registration and hotel rooms by making your hotel reservations and registering before the deadlines, and join us for this outstanding program. The entire meeting program is printed in this issue of *Infection Control and Hospital Epidemiology*.