

Letters to the Editor

Utility of Epidemiologic Training in Long- Term Care Settings

To the Editor:

I have followed with interest the material presented in the section "Beyond Infection Control: The New Hospital Epidemiology," and would like to offer for your consideration my experiences in the long-term care environment.

Several activities that go on routinely in healthcare facilities are more conspicuous to the practicing physician in long-term care facilities than they are in hospitals.

As medical director of a 190-bed skilled nursing facility in Milwaukee, Wisconsin, I have been fortunate to have an infection control nurse who has handled the routine tasks of monitoring nosocomial infections and tuberculosis screening in exemplary fashion.

In addition, she has parlayed her part-time job as employee health nurse into the role of employee accident control officer and serves as liaison to the institution's casualty insurer, as well as epidemiologic investigator of employee accidents and healthcare educator in employee accident prevention.

This led to her involvement in the mandated program for reviewing patient accidents and incidents.

Most of us are familiar with filling out the incident reports that are required every time there is such an occurrence, and some of us have participated in programs in which we reviewed and initialed

large numbers of these on a monthly basis.

Because it has become clear that accidents and incidents may relate to factors such as staffing of nursing units, employee carelessness, and the occasional cases of elderly abuse, these factors need to be correlated with the relative frequency of incidents.

The medical literature in recent years has suggested that patient nutrition, patient deconditioning, and therapy with psychotherapeutic agents or other drugs producing sedation or tranquilization play major roles in the frequency (and severity) of such incidents.

Thus, turning the investigation of an organization's incidents over to an epidemiologist for formal evaluation is productive of useful intervention in a significant percentage of cases.

The next project that the nurse epidemiologist was given was that of reviewing medication errors and the occasional missing drug. Fortunately these are sufficiently infrequent that epidemiologic investigation rarely produces corrective action, but nonetheless, it is necessary for administrative peace of mind.

Thus, the epidemiologic training and experience of the infection control officer can be applied to a number of areas where, previously, data was being collected for the sake of data collection without appropriate analysis and resulting lack of utility.

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Medical Waste

To the Editor:

As proverbs for paranoids #3 states in Thomas Pynchon's *Gravity & Rainbow*, "If they can get you asking the wrong questions, they don't have to worry about answers." Mr. Streed suggests we accept the reality that "Medical waste regulations, whether or not we consider them to be reasonable or scientifically defensible, are here to stay..."¹ so we should engage in developing objective methodologies to measure efficacy of new disposal systems. Microbiologic evaluations, such as that of Jetté and Lapierre,² should bring to mind the years of futile effort AAMI invested in trying to define microbiologic criteria to evaluate aseptic barrier garments.³

Our role as epidemiologists is to measure health risks and benefits. Without amelioration of risk, there is no efficacy. Applying a 5 log reduction as a standard for effective disinfection of medical waste is arbitrary and indefensible given that no risk has been associated with waste that has not been disinfected, waste from a number of sources exceeds 5 logs per gram, and screening to identify "loads highly contaminated with mycobacteria and viruses..." is unrealistic. Rather than participate in meaningless microbiological exercises, we should reiterate that special handling for medical waste has no infection control benefit, insist on full economic evaluations of any proposed "new technologies" for this purpose,⁴ insist on proof of their safety (e.g., aerosols,