

Medical News

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JCAHO Lists Infection Control Indicators for Beta Testing

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) Task Force on Clinical Indicators has released a description of the eight infection control indicators that will be beta tested in approximately 400 hospitals over two years. The indicators are as follows.

K-1 Surgical Wound Infection

Indicator (Numerator) : Selected inpatient and outpatient surgical procedures complicated by a wound infection during hospitalization or postdischarge.

IC-2 Postoperative Pneumonia

Indicator (Numerator) : Selected inpatient surgical procedures complicated by the onset of pneumonia during hospitalization but not beyond ten postoperative days.

IC-3 Urinary Catheter Usage

Indicator (Numerator): Selected surgical procedures on inpatients who are catheterized during the perioperative period.

IC-4 Ventilator Pneumonia

Indicator (Numerator) : Ventilated inpatients who develop pneumonia.

IC-5 Postpartum Endometritis

Indicator (Numerator): Inpatients who develop endometritis following Cesarean section, followed until discharge.

IC-6 Concurrent Surveillance of Primary Bloodstream Infection

Indicator (Numerator): Inpatients with a central or umbilical line who develop primary bloodstream infection.

IC- 7 Medical Record Abstraction of *Primary* Bloodstream Infection

Indicator (Numerator): Inpatients with a central or umbilical line and primary bloodstream infection, analyzed by method of identification.

IC-8 Employee Health Program

Hospital staff who have been immunized for measles (rubeola) or are known to be immune.

New Study Indicates Atypical Types of Pneumonia May Actually Be Commonplace

New data released during the 31st Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) indicate that microbes once believed to be rare or atypical are in fact common causes of pneumonia. This observation is crucial because some antibiotics traditionally used to treat the disease are ineffective against so-called "rare" microbes such as *Legionella* bacteria. These bacteria cause Legionnaires' disease, a pneumonia that results in death in about 25% of cases.

Data on *Legionella* were among the preliminary findings of a cooperative study on community-acquired pneumonia conducted in Ohio by the Centers for Disease Control (CDC), Ohio State University, and Akron City Hospital.

In the first 5.5 months of the study, 246 of 330 adult study patients hospitalized with community-acquired pneumonia were tested for each of three atypical microbes. Evidence of acute infection with either *Legionella*, *Chlamydia pneumoniae*, or *Mycoplasma pneumoniae* was present in 26% of these patients. All 330 patients were tested for *Mycoplasma*, and this infection was found in 14.5%; *Chlamydia* infection was present in 7.7% of 299 patients tested; and *Legionella* occurred in 3.8% of specimens from the 330 patients. Seven patients had dual infections.

"Increasing recognition of these atypical pneumonias is important because the cause of pneumonia is unknown in nearly half of all cases," said Joseph F. Plouffe, MD, from Ohio State University, Columbus, Ohio. Numerous organisms cause pneumonia, and laboratory tests to identify the less-common microbes are not widely available. Therefore, physicians often must treat patients empirically, basing the choice of treatment on less-than-optimal evidence.

β -lactam antibiotics often are used in therapy for