Edited by Robert Weinstein, MD

Paying for Hospital Epidemiology

A ten-question survey was distributed to SHEA members in mid-1987. Responses were obtained from 212 of 420 members (50.5%); 203 questionnaires contained usable data. Information related to hospital bed size, teaching affiliation and annual pay for hospital epidemiology functions is reported in the Table.

Table
SHEA Survey Results

University Affiliation	Annual Payment for Hospital Epidemiology Function, Thousands of Dollars (no. respondents)				
	Hospital Bed Size				
	<200	200-299	300-399	400-499	≥500
Primary hospital		19 (3)	26.7 (3)	16.3 (6)	38.4 (23)
Major affiliate	19.2 (4)	11.2 (6)	14.9 (7)	16.3 (6)	25.8 (18)
Minor affiliate	0 (2)	11.6 (8)	21.3 (5)	22.9 (8)	21 7 (21)
Non-teaching	13.7 (3)	22 (11)	17.5 (4)	8.8 (5)	0 (1)

For university and affiliated teaching hospitals, there is a rough correlation between increasing hopital size and increasing payment for performing the duties of "hospital epidemiologist." There were very few individuals who indicated that they received some payment for controlling antimicrobial agents within the hospital, for employee health-related activities or for clinical microbiology.

The number of respondents in some cells is quite small and the degree of reporting bias may be large. However, these data reflect the opinion that physicians (and others) who perform the administrative, political and epidemiologic duties of the "hospital epidemiologist" should be paid for this work. The pay may vary depending on the size and complexity of the institution and the extent of the task. Nevertheless, this task is not comparable to serving as chair of a medical staff committee where the work is performed by hospital administrative staff hired for the purpose. Another survey within the next two years would be helpful to determine the degree of change in these figures.

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Year 2000 Health Objectives

The National Academy of Sciences held a 'Year 2000 Health Objectives Consortium Meeting" October 31-November 1 in Washington, D.C. The object was to provide a forum for public comment on the draft of the "Objectives" that had been formulated by the U.S. Public Health Service with input from over 7000 people. C. Glen Mayhall, MD, represented SHEA and provided the substance of this report.

Three of the 21 sections for which objectives had been developed contained issues of direct concern to SHEA. In addition, there was a fourth section, "Surveillance and Data Systems," that was of potential concern, but contained no objectives related to nosocomial infections. Specific objectives of interest to SHEA included:

OCCUPATIONAL SAFETY AND HEALTH

9.6. Reduce Hepatitis B infections among healthcare workers to no more than 620 new cases yearly (Baseline: an estimated 6,200 cases in 1987).

9.12. Increase Hepatitis B immunization levels to 90% among healthcare workers (Baseline data unavailable).

9.26. For facilities in which workers are at risk for occupational transmission of HIV, increase to at least 95% the proportion that have formal written policies and procedures for infection control precautions for all workers (Baseline data unavailable).

IMMUNIZATION AND INFECTIOUS DISEASES

12.5. Reduce by at least 10% the incidence of surgical wound infec-