

HOSPITAL INFECTION CONTROL: ORGANIZATION PROBLEMS

Paul M.ARNOW

Management of an infection control program involves critical decisions about both the internal structure of the program and the organizational framework for quality improvement activities in the hospital. Assignment of a staff physician with expertise in infectious diseases to direct the infection control program now is routine where such a physician is available; alternatively, a physician consortium may offer services to several hospitals in an area. Infection control practitioners perform most of the daily work of the program. Intrinsic problems include compensation of the physician-director by the hospital, qualifications of the practitioners (nurses command higher salaries), vertical or horizontal organization of the practitioners, and assignment of exclusive or universal responsibilities to practitioners.

At a broader level, the organizational landscape for hospital infection control has changed. Infection control, which once was nearly synonymous with hospital epidemiology, now is a sub-section. Hospital epidemiology, with its new emphasis on clinical outcomes and quality improvement, may oversee several activities including infection control, quality assurance/quality improvement, pharmacy and therapeutics, and employee health. There is a strong logic to this arrangement because epidemiology is the common tool, and all of these activities are directed at improving outcomes, controlling resource expenditure, and preventing errors. The primacy of infectious diseases physicians as hospital epidemiologists is in doubt because data management and statistical analysis key skills for the hospital epidemiologist, are not taught routinely in infectious diseases training.

In the data-rich, outcomes-focussed era that is unfonding, key needs are (1) to access computerized hospital data originally developed for business and accounting purposes, and (2) to develop and analyze comprehensive records of outcomes that integrate hospital and out-patient experiences. The latter activity will permit health care organizations to assess the full consequences of specific types of care.