

A New Affiliation, a New Name, and New Directions

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This issue marks the inauguration of a formal affiliation of the journal with the Society of Hospital Epidemiologists of America (SHEA). Simultaneously, the editors have extended the journal's title to indicate our intention of keeping pace with the expanding scope of hospital epidemiology.

Some obvious advantages of a relationship with SHEA include enhanced academic credibility for both the journal and the Society, as well as greater influence in areas within hospitals where decisions are made. The extension of the title beyond infection control reflects a response to our daily excursions into antibiotic utilization, quality assurance, risk control, decision analysis, and even prevention and control of diseases of travelers.

Few of us began our careers with these varied roles in mind. However, the parade of federal regulations, of initiatives of the Joint Commission on the Accreditation of Hospitals, and of efforts at cost containment have attracted the attention of all hospital administrators seeking guidance in meeting these new challenges. The questions heard loudest at recent events reach beyond nosocomial infections to the rates, distributions, preventive measures and cost benefit studies of all adverse events in patients. And providing the safest possible environment for patients has always been the ultimate goal of hospital epidemiology.

Obviously, we believe that today's infection control practitioners are, by virtue of their training and past experience, the most appropriate persons to address these developing epidemiological issues. Our expertise drew us into the fray, and the editorial board has elected to step in front of the parade. Such a proactive stance reflects not only our recognition of social and political changes in health care but also our intention to manage current events in a professional way.

The journal will continue to maintain a leading role in the science of infection control. We will also provide our readership with new columns on the current legal issues we face in hospital epidemiology, useful techniques in statistics for infection control practitioners, and the uses of methods for the expanding science of clinical epidemiology. We will begin a column on decision analysis and show how this technique can aid the practitioner faced with complex decisions. Obviously, we will expand our efforts in understanding the epidemiology and testing methods for AIDS. We now also invite the results of scientific inquiry related to quality assurance, risk management, issues of quality care in outpatients, and emporiatrics (diseases of travelers).

It should be underscored that we have not abandoned our ideals for optimal infection control. We seek to be responsive to change and to take a leadership role in the newly expanded hospital epidemiology. Those of us working in this field should feel fortunate that there is no stagnation, only rapid change in our young area. Excitement brings with it new problems needing solutions which, in turn, create new problems. *Infection Control and Hospital Epidemiology* intends to provide its readers with a current view of the issues and options for their approach. Please join us as we march to the beat of new drums in wider ranks and in new directions.

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