

INFECTION CONTROL



EDITORIAL

Old Wine in New Bottles

Richard P. Wenzel, MD

ORIGINAL ARTICLES

Outbreak of Staphylococcal Infection in Two Hospital Nurseries Traced to a Single Nasal Carrier

Anusha Belani, MD; Robert J. Sherertz, MD; Marsha L. Sullivan, RN; Beverly A. Russell, RN; Peter D. Reumen, MD

Commentary: Types of Disposable Medical Devices Reused in Hospitals

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Brief Report: Effects of Ultra High Speed Floor Burnishing on Air Quality in Health Care Facilities

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Peter C. Fuchs, MD; Marie E. Gustafson, RN

Product Commentary: Reuse of Disposable Medical Devices—Historical and Current Aspects

V.W. Greene, PhD, MPH

Clinical Pharmacology of Antibiotics: Metronidazole

Mark Eggleston, PharmD

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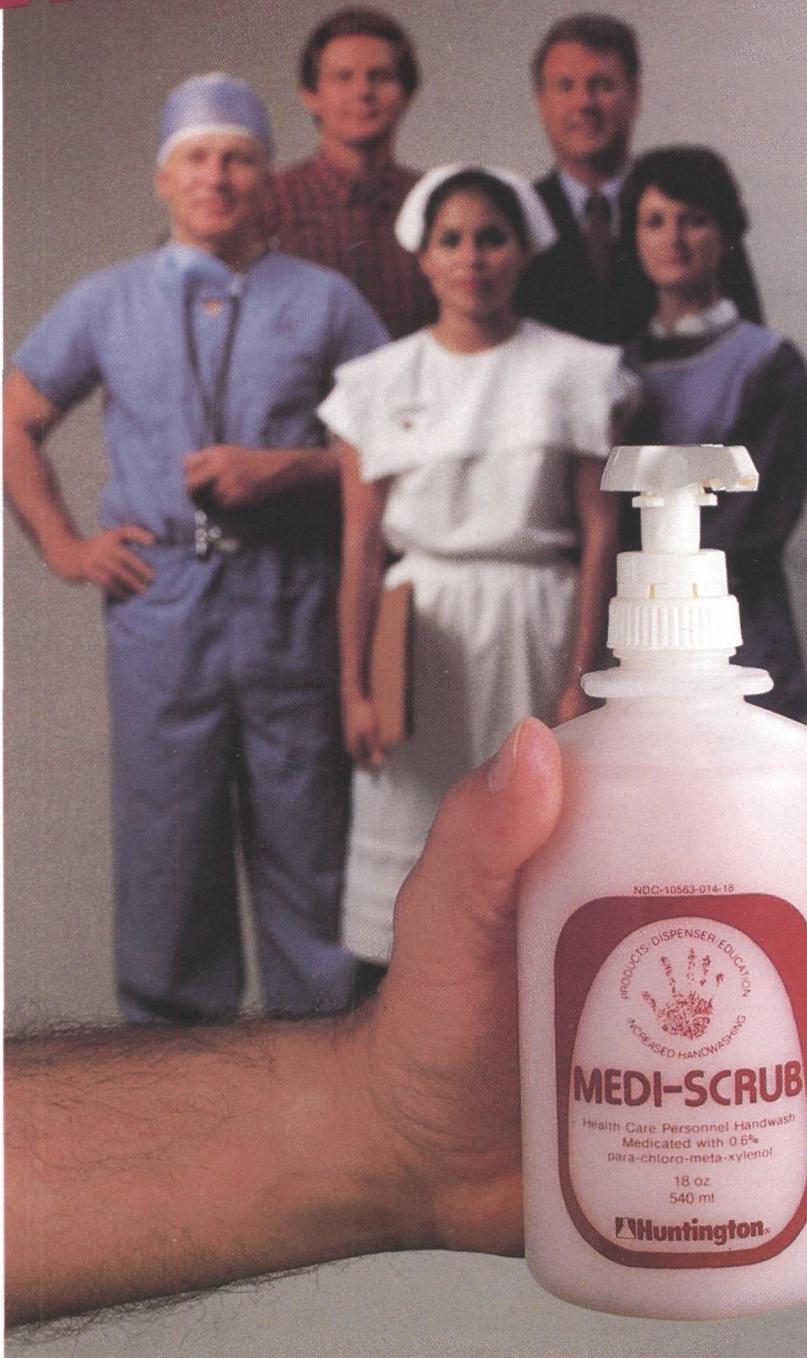
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All manuscripts should be submitted in quadruplicate (with duplicates of figures and tables), typewritten on one side on 8½ × 11-inch paper, double-spaced with generous margins. The author should keep a complete copy of the manuscript.

The organization of the paper should be as follows: title page; abstract; introduction; methods; results; discussion; acknowledgments; references; tables; figures and figure legends. The main sections and subdivisions should be indicated by side headings flush with the left margin and two lines above the text. The Arabic numbering system should be used.

Clinical Trials: The Editor requests that authors reporting the results of clinical trials describe clearly the following: 1) eligibility criteria; 2) whether or not subjects were admitted before allocation to one of the study groups; 3) the method of randomization; 4) whether the study was "masked," what specific information was masked and whether subjects, clinicians and evaluators were all masked; 5) the method used to identify treatment complications; 6) an explanation and analysis of subjects lost to follow-up; 7) statistical methods employed; and 8) information which led to the determination of the size of the study groups and the expected differences between groups.

Rapid Publication: A request for rapid publication must be stated in the cover letter and manuscripts should not exceed ten double-spaced, typewritten pages. Such papers will be published within three to four months of acceptance. No comments will accompany rejected papers, but manuscripts may be resubmitted under the normal publication procedures.

Readers' Forum: Brief communications are encouraged of approximately four to six typewritten pages containing information which does not represent a formal study. They may reflect opinions, hypotheses, or impressions related to infection control or summarize unusual experiences in the field.

Title Page: A separate title page should include the following: title of manuscript; author(s); laboratory or institution of origin with city and state; acknowledgment of grant support; address to be used for reprint requests. An abbreviated title, to be used as a running head, should be included. This should not exceed four words. A preliminary report or abstract should be credited by use of a footnote to the title.

Abstract: The abstract, not to exceed 150 words, should summarize the significant information in the paper and be understandable without reference to the text. The use of abbreviations should be avoided.

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Abbreviations and Nomenclature: Abbreviations should conform to the American Medical Association *Manual for Authors and Editors*, published by Lange Medical Publications, Los Altos, California. Abbreviations should be kept to a minimum, preferably confined to the tables. Symbols for units of measurement (eg, mm, ml) should not be followed by periods. Chemical or generic names of drugs are preferred. A proprietary name may be given only after it is preceded by the chemical name the first time it appears. Unfamiliar terms and abbreviations must be defined when first used.

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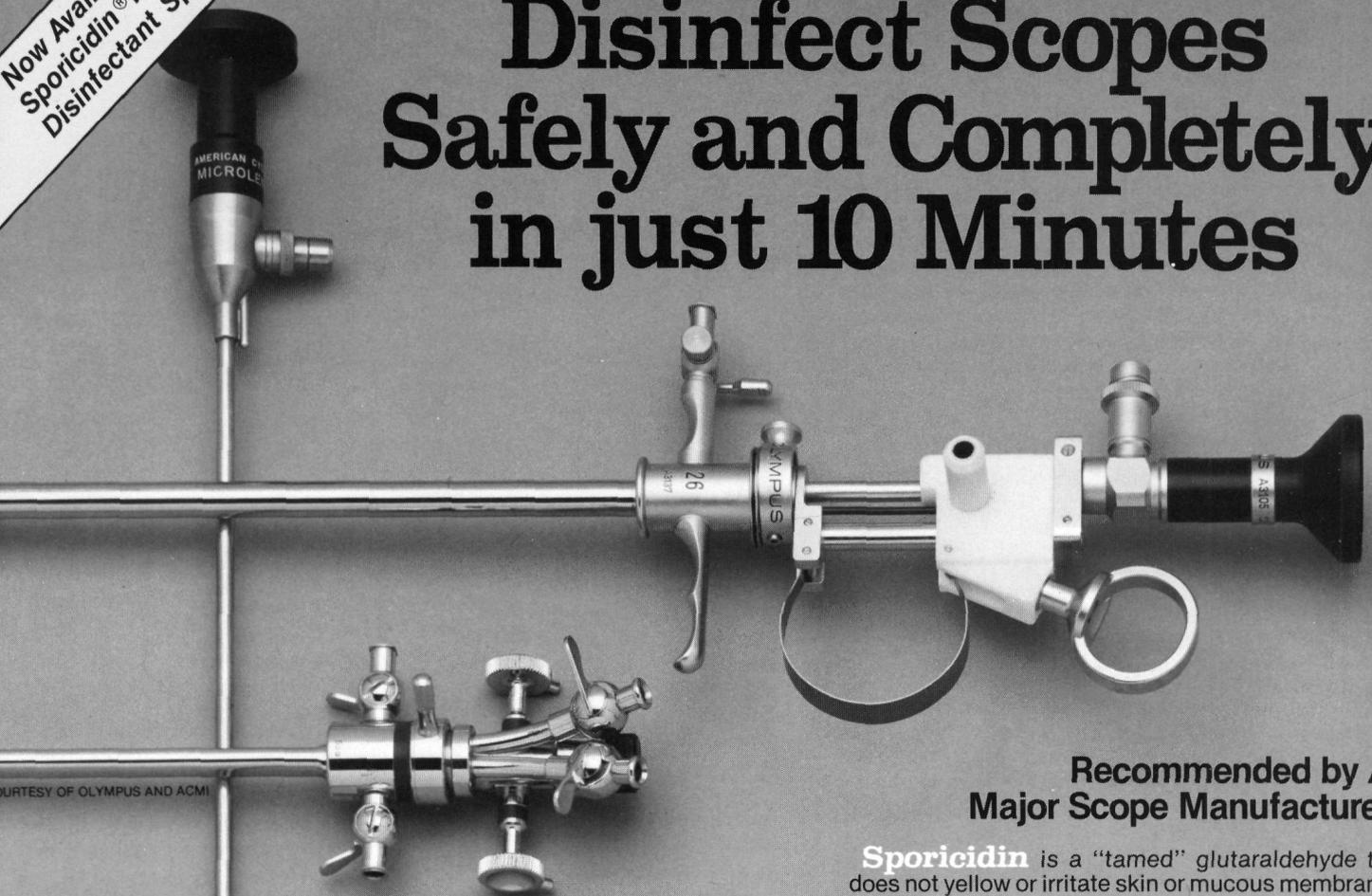
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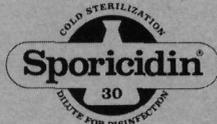
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Software Evaluation

In the June, 1986, issue of the *American Journal of Infection Control* (86;14:139-145), Rosemary Berg, B.S., M.Ed., CIC, of the APIC Education Committee reported the results of an in-depth evaluation of computer software packages for infection control. Lynne P. Strony, Ph.D., and Sue Troxler, R.N., M.P.H., assisted in developing the evaluation criteria and editing the manuscript; and Larry Mohr, a data management specialist, and Sandra Baus, R.N., a second-year ICP, assisted in testing.

Although the software systems were similar in many respects, they were found to differ significantly on a number of important criteria. On almost all of these criteria the AICE software system was judged superior to its competitors. The following table, prepared by ICPA, Inc., summarizes the major points of difference.

Evaluation Criteria	AICE*	Nearest competitor
Basic purchase price	\$3,250	\$3,500
Level of time and computer skill required for the ICP to use the software package	"A basic understanding of computers" "Small to fair amount of time and computer knowledge"	"Strong interest in computers" "Increased time and knowledge"
User's manual and operator instructions	"Excellent" "Easy to follow"	"Large, but thorough" "Directions to produce reports were confusing" "Excellent in some areas, confusing in others"
Efficiency for entering and editing patient records	"Quick and simple"	"A bit cumbersome"
Number of items (fields) the ICP can sort patients by	All 42 fields	Only 6 fields that must be predefined as sort fields
Denominators for rates can be user-defined or calculated automatically by the report procedure	Yes	No
Computing speed (time needed to select and sort 55 patients' records)	Fast (1 second)**	Slow (46 seconds)**
Performs common epidemiologic statistical tests like the chi square and Eisher's exact test	Yes	No
Ability to download data from the hospital's mainframe computer	Yes	No
Duration of software warranty	2 years	6 months
Summary of assessments of infection control practitioners and computer analyst	"Very flexible and adaptable" "I felt comfortable enough with the system to enter and analyze my own data." "Analysis of data is extremely fast, and the resulting reports, tables and graphs are flexible and self explanatory." "Versatile, can be modified for individualized use, and produces clear and concise reports." "Exceedingly competent"	"Most complicated and most difficult to learn" "A good example of 'no free lunch' " "Directions to obtain reports were confusing" "The user who is not very comfortable with 'computerese' should be prepared to spend some time on the telephone" "Greater learning time and slower execution" "When I attempted to produce reports, I got lost."

*Infection Control and Prevention Analysts, Inc., 1122 N. Alma, Suite 220, Richardson, Texas 75081, telephone 214-680-9988.

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