

## Letters to the Editor

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### Infection Control Software

#### To the Editor:

I wish to express some real concern with reference to the publication of articles and editorials that tend to be primarily \*‘sales’ promotional rather than scientific in scope. As an active practitioner and president of a company, I realize it is difficult, but not impossible, to separate science from marketing. Yes, there will always be individuals who favor one product over another. However, since software in infection control is such a new area, it is naive to think that one software product will meet the needs of all programs. Dr. La Haise, in her article ‘Choice of Microcomputer Software in Infection Control’ (1990;11[4]:185-190) and follow-up responses to the article and accompanying editorial (1990;11[4]:178-179) had a wonderful opportunity to provide the infection control practitioner with a foundation for software selection. However, she was caught in the marketing and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) web and lost the scientific credibility that her original

manuscript was intended to provide.

The infection control practitioner needs to realize that computerization in infection control in the 1990s is where infection control was in 1965. Only by careful evaluation and re-evaluation of products will the field grow. Our goal should not be a ‘stock’ software for all programs, but several software products to meet individual program needs.

**Maryann McGuckin**  
BOSS Software  
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*Sharon La Haise, PhD, RN, was asked to respond to this letter.*

Dr. McGuckin’s disappointment in our study is understandable. As the president of a software company whose product was not highlighted, she expressed frustration with the Journal’s publication of an article, editorial, and letters that favored one software package over others. Several issues, however, must be clarified.

First, her characterization of our and the journal’s efforts as ‘marketing’ is a distortion of the true situation. Marketing is an attempt to generate publicity for the sole purpose of selling a prod-

uct and from which the purveyors intend to gain financially. Neither the author nor the editors had such a conflict of interest, but, instead, were acting entirely from a position of scientific objectivity under the constraints of peer review.

Second, Dr. McGuckin’s disparaging characterization of the ‘JCAHO web’ does a disservice to a new JCAHO that is finally leading us where we should have been going on our own. Instead of denigrating the JCAHO process, Dr. McGuckin would better serve her clients and customers by expending her energies developing products that would be in step with the future, mirrored in the new JCAHO direction.

Third, her view that ‘computerization in infection control... is where infection control was in 1965’ does not reflect reality. The infection control innovators of the 1960s were groping for answers virtually without precedent or assistance. In the past decade, the advanced state of software development in the country allowed rapid development of highly useful software applications for infection control, which are continuously being improved through updating. Some are more

useful than others, however, and this needs to be studied objectively.

We believe it is strongly in the interest of infection control practitioners, hospitals, and their patients for persons experienced in computing and without financial ties to software developers to conduct research comparing alternative software programs, examining their efficiency and accuracy with careful research protocols. Software packages for business and home use are compared frequently in computer magazines, but because of the limited size of the hospital software market, it is

unlikely that reviews of infection control software will appear in those sources.

Consequently, it is imperative for experts within our field to perform fair and unbiased comparisons and publish them in reputable, peer-reviewed journals. While these may look like “marketing” to disappointed corporate presidents whose products did not compare well, the process is necessary to inform infection control practitioners who are about to invest precious budgets in software. We entrust journal editors with the responsibility of selecting articles

on scientific merit and excluding conflicts of interest.

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## Correction

The second author in the letter to the editor entitled “*Clostridium* difficile-Associated Diarrhea” (1990;11[11]:574) should have been R. Veal instead of R Real, as printed. The editors regret the error.