



# Joint Commission Infection Control Standards

*Healthcare Engineers Society  
of Northern Illinois*

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The Joint Commission

# Learning Objectives

- Describe structure and content of the eleven infection control standards
- Identify opportunities for collaboration between IC and EC professionals
- Review relevant scientific guidelines

# Why the Renewed Focus?

- Loss of lives and productivity
- Continuing reports on magnitude of problem
- New CDC Guidelines
- Additional environmental issues
  - Scarce resources (e.g. funds, staff)
  - Sicker population in hospital
  - Multi-site treatment of episode of care
  - Emphasis on safety (risk reduction strategies)

# Others Who Are Interested In IC

- ▶ Institute of Medicine

- ▶ Government:

  - CDC

    - Up to 4 million inpatient HAI cases / year

    - 90,000 deaths / year (at least 1/3 are preventable)

  - CMS-\$4.5 to 5.7 billion per year to costs

  - States-mandatory reporting

# Others Who Are Interested In IC

- ▶ Institute for Healthcare Improvement
- ▶ Trial attorneys-medical malpractice claims
- ▶ Joint Commission sentinel event tracking
- ▶ Consumers Union and other advocacy groups
- ▶ Insurers: Pay for Performance
- ▶ Industry: LeapFrog and other groups

# Role of The Joint Commission

- ▶ Partner in improving the safety and quality of care
- ▶ Infection control application is to guide organization in the prevention and control of infection
- ▶ Requirements for improvement ensure that the organization must fix the problem (via ESC)

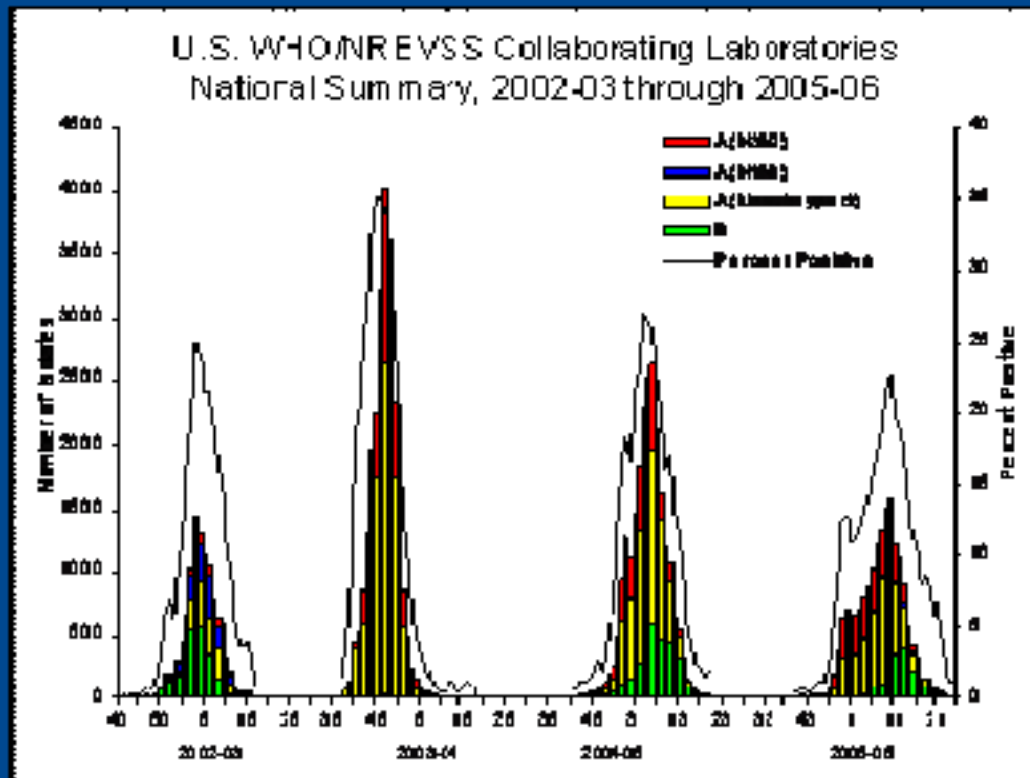


# Goal Of An Effective IC Program

- Reduce the risk of acquisition and transmission of Health Care Associated Infections (HAIs)

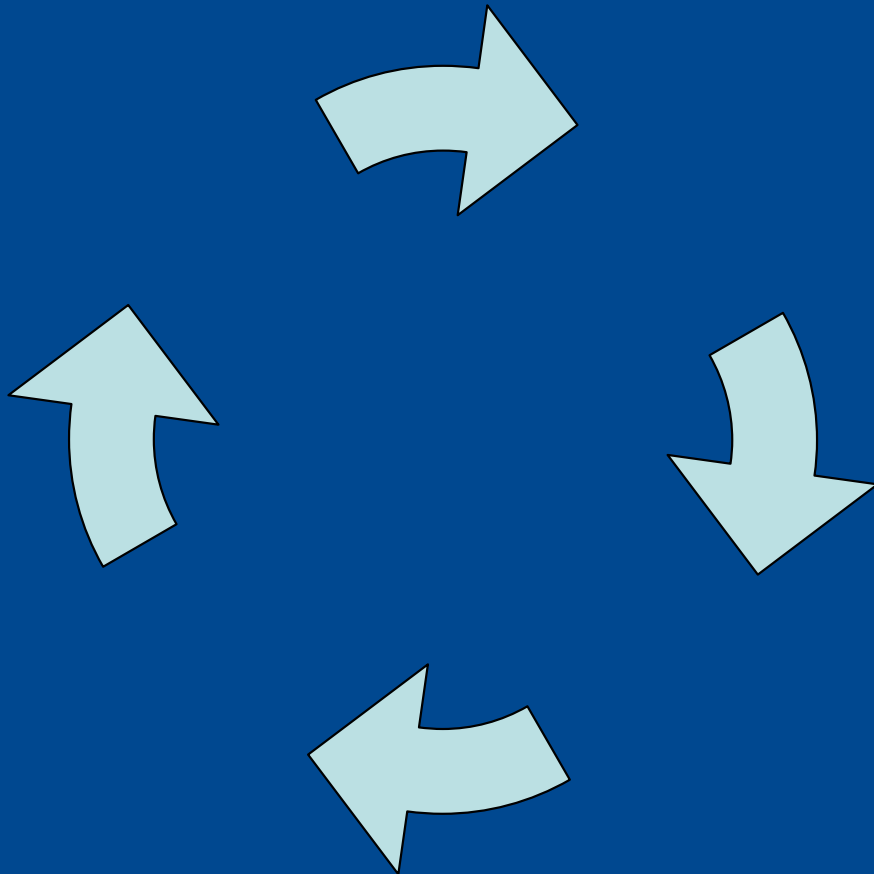


# To Achieve This Goal The IC Program Must



Use an *epidemiological approach* that consists of surveillance, collecting data, and identifying trends

# IC Core Concepts





# The Joint Commission Infection Control Standards

# Arrangement of Standards

- ▶ The IC Program and Its Components
  - IC.1.10 through IC.5.10
- ▶ Influenza Vaccination
  - IC.4.15
- ▶ Emergency Management
  - IC.6.10
- ▶ Structure and Resources for the IC Program
  - IC.7.10 through IC.9.10
- ▶ National Patient Safety Goal
  - NPSG 7a & 7b



# IC Program and Its Components

## IC.1.10 through IC.5.10

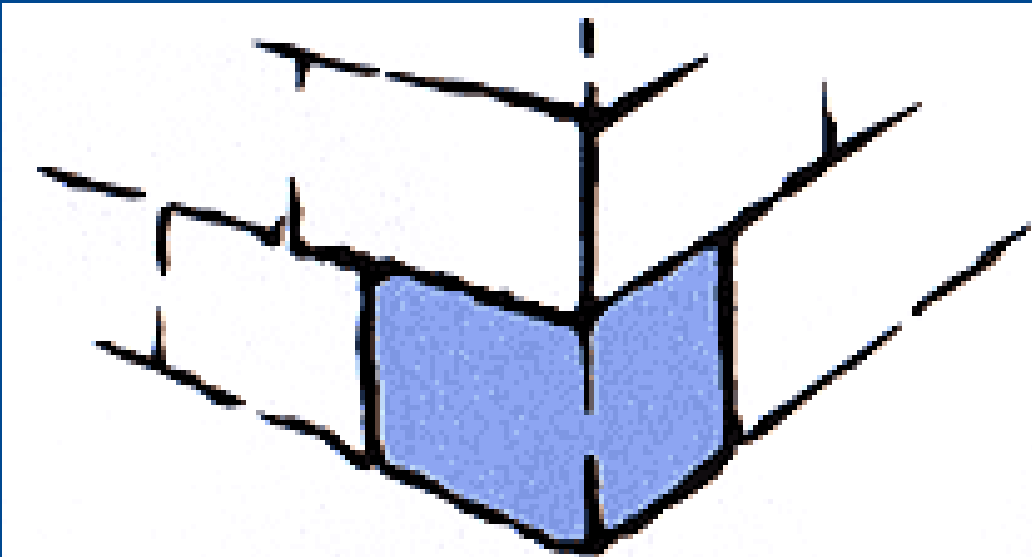
# IC.2.10 Through IC.5.10




# Standard IC.2.10

▶ “IC program identifies risks for acquisition and transmission of infectious agents on an ongoing basis.”

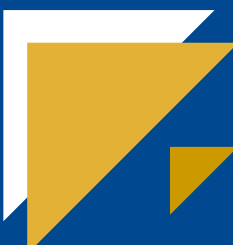
▶ The risk assessment is the cornerstone upon which the IC program is built



# IC.2.10 Rationale

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- ▶ A hospital's ***risks of infection will vary*** based on the hospital's geographic location, the community environment, the types of programs/services provided, and the characteristics and behaviors of the population served. As these ***risks change over time*** — sometimes rapidly—risk assessment must be an ongoing process.

# EP 1-Risk Factors

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- ▶ The organization identifies risks for the transmission and acquisition of infectious agents throughout the organization based on the following factors:
    - The geographic location and community environment of the organization, program/services provided, and the characteristics of the population served
    - The results of the analysis of the organization's infection prevention and control data
    - The care, treatment, and services provided

# Uniqueness



- ▶ The key to risk analysis is understanding what makes your organization unique
- ▶ ***An effective IC program targets its unique risks***

# EP 1-Ranking Risk

There must be a method for ranking risk


- Probability and severity are the most common factors utilized
- Consider using a similar ranking scheme to the one used for hazard vulnerability analysis (EC.4.10)

► **Collaboration opportunity-Use your HVA expertise to help your ICP**

Probability	Frequent	A	A	A	B
	Probable	A	A	B	C
	Occasional	A	B	C	C
	Remote	B	C	C	D
	Improbable	C	C	D	D
	Incredible	C	D	D	D
		Catastrophic	Critical	Marginal	Negligible

Severity

*(Example only – table not required)*

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- ▶ The risk analysis is formally reviewed at least annually and whenever significant changes occur in any of the above factors.

# EP 2-Frequency


## Frequency of risk assessment

- Minimum of annually
- When new services are added
- When a new pathogen is introduced
- When risks changed

## Approval

- Must be approved by body having authority (see IC.1.10 EP 2)

## Collaboration opportunity-Review the risk assessment and offer EC suggestions

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- ▶ Surveillance activities, including data collection and analysis, are used to identify infection prevention and control risks pertaining to the following:
    - Patients
    - Licensed independent practitioners, staff, volunteers, and student/trainees
    - Visitors and families, as warranted
  - ▶ Collaboration opportunity-Suggest process indicators

# EP 3-Surveillance

- ▶ Must be relevant to risk assessment
- ▶ Should support goals (IC.3.10) and evaluation (IC.5.10)



# Standard IC.3.10

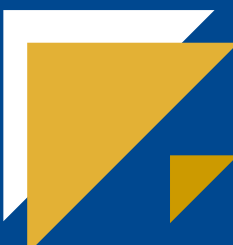
Based on risks, the organization establishes priorities and sets goals for preventing development of HAIs within the organization.



# Standard IC.3.10

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- ▶ *The surveyor will-evaluate if the IC program goals are:*
    - Predicated on risks and resources (EP 1-B)

# Standard IC.3.10

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- *The surveyor will-evaluate if the IC program goals include*
    - Limiting unprotected exposure (EP 2-A)
    - **Ex: Sharps disposal, negative pressure**
    - Hand hygiene (EP 3-A)
    - **Ex: Soap and alcohol availability, hand hygiene sinks**
    - Minimizing risks related with procedures, equipment, and devices (EP 5-A)
    - **Ex: Sterilizers, dialysis equipement**

# Standard IC.4.10

- ▶ “The organization plans and implements interventions to address the IC issues that it finds important based on prioritized risks and associated surveillance data.”
- ▶ Organization of standard
  - EP 1 addresses CDC/HICPAC guidelines
  - EPs 2-4 address interventions
  - EPs 5-7 address employee health
  - EP 8 addresses animals

# Standard IC.4.10 EP 1

- ▶ “Interventions are designed to incorporate relevant guidelines\* for infection prevention and control activities. \* Examples of guidelines include those offered by the CDC, Healthcare Infection Control Practices Advisory Committee (HICPAC), and National Quality Forum (NQF)”
- ▶ Multiple CDC/HICPAC Guidelines



Department of Health and Human Services

Centers for Disease Control and Prevention

# Standard IC.4.10 EP 1



## ■ CDC/HICPAC Guidelines

- Isolation Precautions (2007)
- Multi-Drug Resistant Organisms (2006)
- Influenza Vaccination of Healthcare Personnel (2006)
- Tuberculosis (2005)
- Healthcare Associated Pneumonia (2004)
- Environmental Infection Control (2003)
- Smallpox Vaccination (2003)
- Intravascular Device-Related Infections (2002)
- Hand Hygiene (2002)
- Infection Control in Healthcare Personnel (1998)
- Surgical Site Infection (1998)
- Immunization of Healthcare Workers (1997)

# Standard IC.4.10 EP 1



## *The surveyor will*

- Ask the ICP how these guidelines have been considered in design of interventions
- Ask about the newest one or two guidelines- the ICP should be able to discuss them
- Collaboration opportunity-Work with your ICP to understand the EC implications of these documents. They are great conversation starters!

# Standard IC.4.10 EP 1




Where can I get these?

[http://www.cdc.gov/ncidod/dhqp/hicpac\\_pubs.html](http://www.cdc.gov/ncidod/dhqp/hicpac_pubs.html)

These are huge! How will I ever get through them?

- Read the recommendations first. Go back and read the scientific discussion if desired.
- Save them as PDF files and search them.

# Standard IC.4.10 EPs 3 & 4

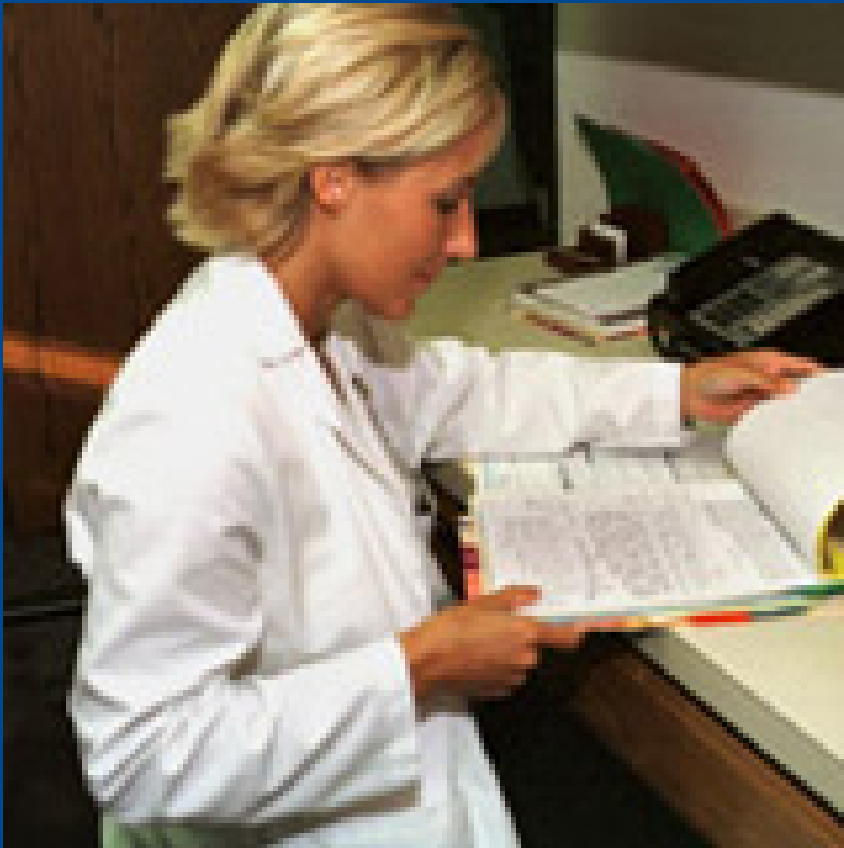
- 
- Implementation of interventions
  - The surveyor will*
    - Observe actual practice during tracers
    - Evaluate your organization's implementation of its plan

# Standard IC.4.10 EPs 5-7

- Employee health
- Applicability is complex
  - Tied to HR.1.20 EP 7
  - For LIPs must be “available”
  - See FAQs
- EP 5-screening
- EP 6-illness
- EP 7-exposure



# Standard IC.4.10 EPs 5-7



## ► *The surveyor will*


- Ask for health screening records
- Ask how ill employees are released to return to work
- Ask how exposures are managed, including examples and protocols

# Standard IC.4.10 EP 8

## Animals in healthcare facilities



# Standard IC.4.10 EP 8



Do you have a process for reduction of risk associated with animals?

- Must formulate this proactively
- See CDC/HICPAC “Guidelines for Environmental Infection Control in Health-Care Facilities”

Consider


- Service animal access
- Cleaning of fish tanks and bird cages
- Animals as patients
- Americans with Disabilities Act

# Standard IC.5.10

- ▶ “The IC program evaluates the effectiveness of IC interventions and, as necessary, redesigns the IC interventions.”
- ▶ The organization must ask, “How did we do?”



# Standard IC.5.10



▶ The evaluation addresses new or changing:

- Service, site of care, patient population
- Risk analysis results
- Emerging or reemerging infectious threats
- Success or failure in infection control
- Science and guidelines
- Concerns raised by leadership or others in the organization

▶ *The surveyor will*

- Check for at least an annual evaluation (EP 1-A)
- Ask how the organization knows its interventions were effective?
- Ask how information is used to improve the program?

# Standard IC.5.10




## Collaboration opportunity


- Provide regular feedback to your ICP for use in program evaluation
- Review this feedback prior to the evaluation
- Discuss your needs during the annual evaluation period


# Standard IC.1.10


- ▶ “The risk of development of a health care-associated Infection (HAI) is minimized through an organization-wide IC program.”
  - Multiple EPs list minimum components that form the foundation of the program


# IC.1.10 EP 1


- 
- ▶ “An organization-wide IC program is implemented.”
  - ▶ *The surveyor will determine*-Is there a program or not (yes or no)
    - If some components are missing, EP 3 may be a better choice

- 
- ▶ “Individuals and/or positions with the authority to take steps to prevent or control the acquisition and transmission of infectious agents are identified.”
  - ▶ *The surveyor will ask-Who has the authority, and how has this been identified?*
  - ▶ Collaboration opportunity-Know who has the authority in your org and offer to be a part of the action.


- 
- ▶ “All applicable organizational components and functions are integrated into the IC program.”
  - ▶ *The surveyor will ask-*Are there components that have been missed?
  - ▶ This is a common place to write an RFI if IC has missed a key element such as construction, dialysis water, sterilization parametric controls, etc.


- 
- Internal communication systems for IC
  - The surveyor will ask-How is important IC information communicated within the organization?*
    - Evaluate both general and outbreak/emergency situations
    - Interview staff
  - Collaboration opportunity-Ask how your staff can best communicate with the IC staff.

- 
- ▶ External communication systems for IC
  - ▶ “Public health” standard
  - ▶ *The surveyor will ask-How is important IC information communicated externally?*
    - Public health reporting
    - Receiving or transferring agency

- 
- ▶ Outbreak management
  - ▶ *The surveyor will ask-Has this been predetermined?*
    - Does the method chosen “close the loop”
  - ▶ Collaboration opportunity-Be prepared to assist in an outbreak. Please make sure your staff respond to Employee Health requests if exposed.

# IC.1.10 EPs 7 & 8

- 
- ▶ Applicable policies and procedures
    - For LTC, specific departments listed in EP 8
  - ▶ *The surveyor will determine*-if tracer activity revealed a missing policy or procedure
  - ▶ Collaboration opportunity-Be involved in all IC/EC policies-there are a lot!

- 
- IC Plan-the description of an effective IC program
  - *The surveyor will-*Check if each of the bullet points is present
    - A description of prioritized risks (*IC.2.10*)
    - A statement of the goals of the IC program (*IC.3.10*)
    - A description of the organization's strategies to minimize, reduce, or eliminate the prioritized risks (*IC.4.10*)
    - A description of how the strategies will be evaluated (*IC.5.10*)



# Influenza Vaccination

## IC.4.15



# Emergency Management

## IC.6.10

# Standard IC.6.10

- Prepare to respond to infection control emergencies such as epidemics or large-scale infections
  - Requires preparedness to respond to expanded care capabilities
  - Addresses extended periods of time



# Standard IC.6.10



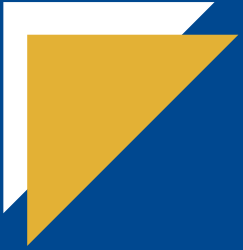
## *The surveyor will*

- Ask how the organization plans to respond to influx and ongoing influx over extended period of time (EPs 1 & 2)
- Ask how the organization obtains and utilizes information (EP 3), including:
  - Keeping abreast of current information
  - Dissemination of critical information
  - Identifying resources in community

# Standard IC.6.10

## Collaboration opportunities

- Make disaster preparedness a joint effort
- Many bioterrorism agents require EC planning for negative pressure isolation
- Don't forget that plans need to be made for a variety of diseases, not just the “organism du jour”



# IC.7.10 through 9.10 Structure and Resources

# Standard IC.7.10

▶ “The infection control program is managed effectively”



# Standard IC.7.10



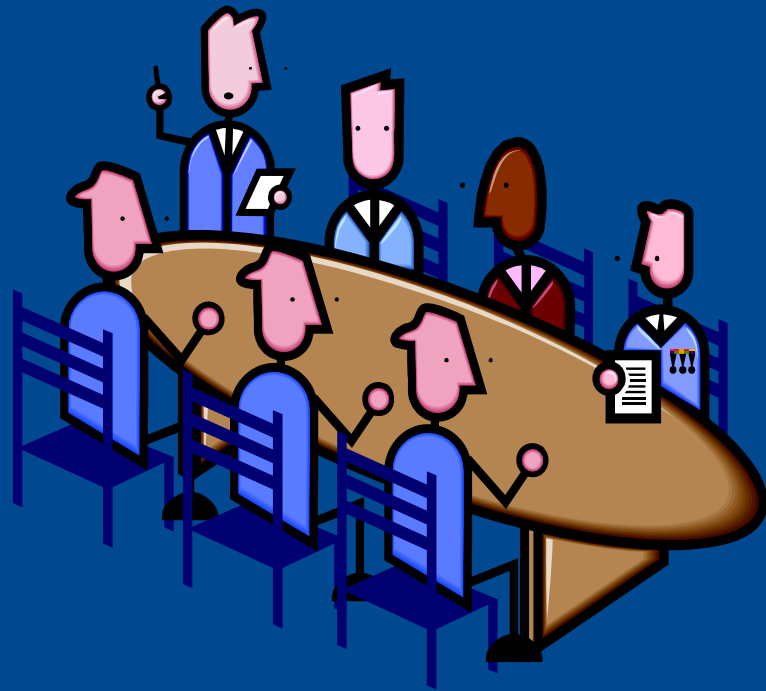
## ▼ *The surveyor will*

- Ask how the organization determined its ICP staffing. If not tied to organizational complexity and IC goals, score EP 1 (A).

## ▼ *The surveyor will*

- Ask about the ICP's qualifications.
- Evaluate whether the ICP coordinates and evaluates all activities (EPs 3 and 4)

# Standard IC.8.10



“Representatives from relevant components/functions within organization collaborate to implement the IC program.”

# Standard IC.8.10

## ▶ *The surveyor will*

- Evaluate if there are problems due to a lack of coordination or collaboration
  - Very common issue
- Because there are only two EPs at this standard, a partial at either will result in an RFI

▶ Collaboration opportunity-Have a chat with your ICP about how you'll describe your collaboration to the surveyors.

# Standard IC.9.10

“Organization leaders allocate adequate resources for IC program.”



# Standard IC.9.10



## ▶ *The surveyor will*

- Ask for evidence that IC findings are reported to patient safety program annually (EP 1-“A”)
- Evaluate (“B” EPs)
  - Access to information (EP 2)
  - Lab resources (EP 3)
  - Equipment and supplies (EP 4)

## ▶ Collaboration opportunity-Discuss capital and operating budgets with your ICP



# National Patient Safety Goals



## Goal #7: Reduce the risk of health care-associated infections.

### Requirement #7.a.

Comply with current CDC or WHO hand hygiene guidelines.

### Requirement #7.b.

Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

# Hand Hygiene Guidelines

- Full reports available at <http://www.cdc.gov/handhygiene/> and [http://www.who.int/patientsafety/events/05/HH\\_en.pdf](http://www.who.int/patientsafety/events/05/HH_en.pdf)
- Organizations must choose one or the other, not some components of each

# NPSG 7A

## ▶ *The surveyor will evaluate:*

- Is the organization in compliance with all 1A, 1B and 1C requirements?
  - Hand hygiene
  - Surgical hand antisepsis
  - Availability of alcohol product and sinks
- Is hand hygiene compliance being measured? This includes EC staff!



# Infection Control Survey Process

# Infection Control System Tracer

- ▶ One hour dedicated to the IC system
- ▶ Group discussion of the plan and program
- ▶ Moving tracer of a patient, preferably one with an IC issue



# Infection Control System Tracer

## Tips

- Review your SAG (Survey Activity Guide)
- Review the process with all people who will be in the room for the interview.
- Be prepared to answer questions about your program
- Be prepared to speak to issues identified during the survey
- Help the surveyor select a patient


# IC/EC Issues Checklist



## Personnel

- Hand hygiene
- Staff education and training
- Bloodborne pathogen and other training

# IC/EC Issues Checklist

- 
- ▶ Equipment
    - Cleaning
    - Disinfection
    - High-level disinfection
    - Sterilization

# IC/EC Issues Checklist



## ▼ HVAC

- Pressure relationships
  - General
  - Isolation
  - OR and other special applications
- Air filtration and disinfection
- System maintenance

# IC/EC Issues Checklist



## Water systems

- *Legionella*
- Service interruptions
- Temperature and pressure (hand hygiene implications)
- Ice machines (yuck!)

# IC/EC Issues Checklist



## ▼ EVS

- “High-touch surfaces” concept
- Laundry
- BBP spills
- Carpeting and textiles
- Flora and fauna
- Pest control


# IC/EC Issues Checklist



## Construction

- Major risk of morbidity and mortality
- Pre-job ICRA
- Ongoing monitoring
- Involve and educate staff nurses

# IC/EC Issues Checklist

- 
- ▶ Emergency management
    - Surge capacity
    - Negative pressure isolation
    - Decontamination facilities
    - Collaboration with public health

# In Conclusion

- ▶ The Joint Commission IC standards are designed to help organizations build an effective IC program
- ▶ EC collaboration is critical



# Questions

- ▶ Please feel free to contact me at
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