



Infection Prevention and Control Standards: 2011 Update

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The Joint Commission

Objectives

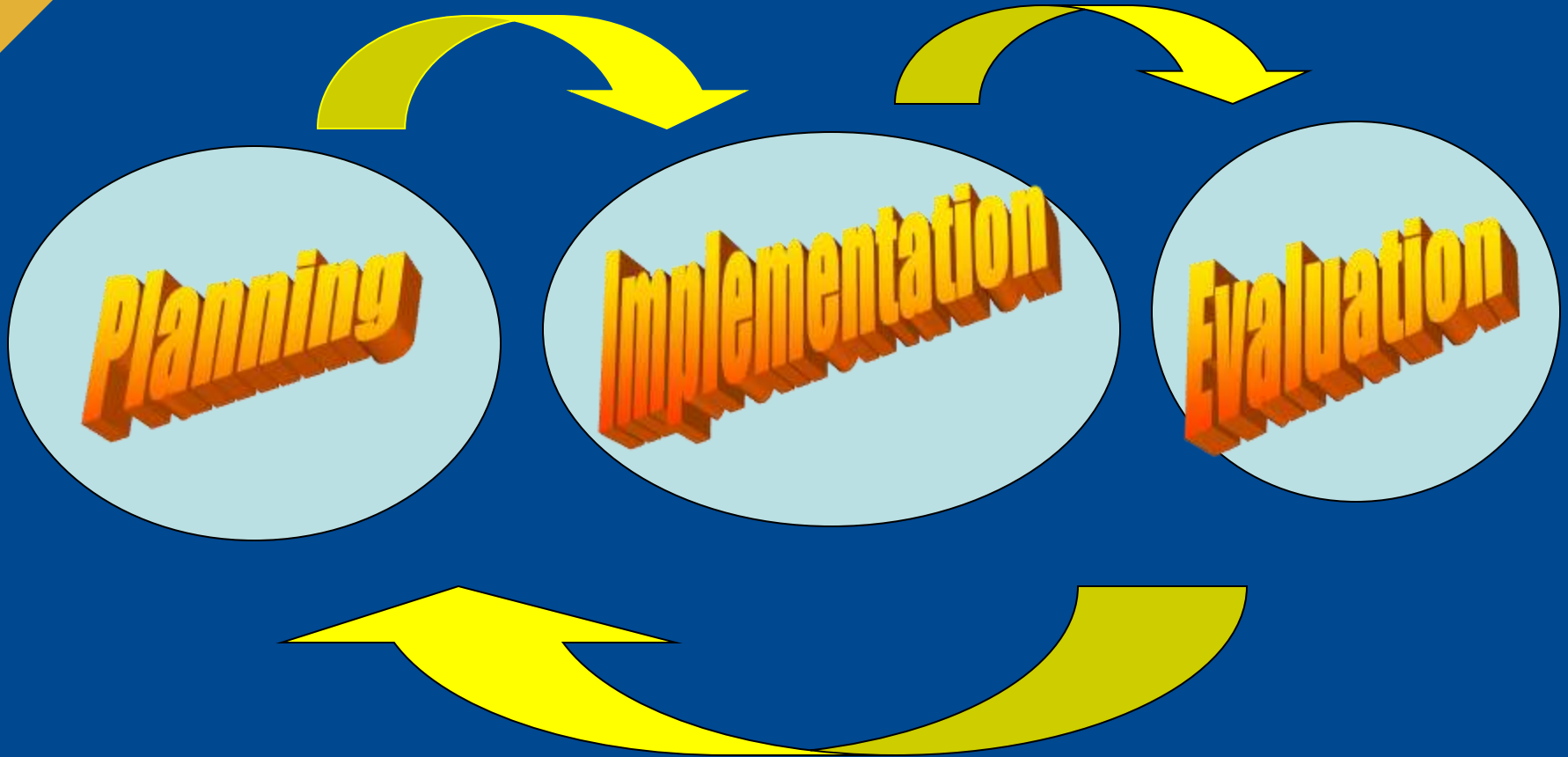
- ▶ Upon completion of this program, participants will be able to articulate how to:
 - Design or enhance an IPC program that meets key infection prevention challenges and the Joint Commission IC standards
 - Describe the structure and planning requirements of the IC chapter
 - Describe the relationship of the IPC program, the Joint Commission Leadership standards and a culture of patient safety

SII Changes specific to IC


- ▶ Many implied requirements now specifically addressed
- ▶ Planning process and written plan made clear
- ▶ High risk activities separated (isolation, sterilization, employee health)
- ▶ Remember-Orgs undergoing survey now are being evaluated under these new standards for the first time



2011 Arrangement of IC Standard



IC.01 (Planning) Outline



Responsibility	IC.01.01.01
Resources	IC.01.02.01
Risks	IC.01.03.01
Goals	IC.01.04.01
Activities	IC.01.05.01
Influx	IC.01.06.01

IC.01.01.01 Responsibility

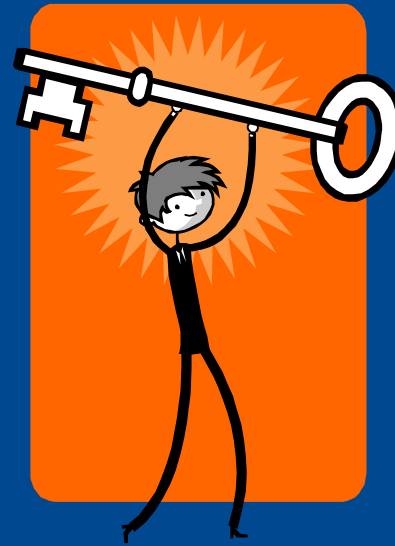


The [organization] identifies the individual(s) responsible for the infection prevention and control program.

EP 1-Authority CAH, HAP

“The hospital identifies the individual(s) with clinical authority over the infection prevention and control program.”

- ▶ *The surveyor will ask-Who has the authority, and how has this been identified?*
- ▶ Important to know this when determining who has taken action



EP 2-Consultation *CAH, HAP*




“When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, he or she consults with someone who has such expertise in order to make knowledgeable decisions.”

➤ This is only **as needed**.

EP 3-Daily Responsibility

All programs




“The hospital assigns responsibility for the daily management of infection prevention and control activities. Note: Number and skill mix of the individual(s) assigned should be determined by the goals and objectives of the infection prevention and control program.”

- ▶ This is **daily responsibility**, as opposed to program authority

EP 4-CMS Clinical Authority


CAH, HAP



“For hospitals that use Joint Commission accreditation for deemed status purposes: The individual with clinical authority over the infection prevention and control program is responsible for the following:


- Developing policies governing control of infections and communicable diseases
- Implementing policies governing control of infections and communicable diseases
- Developing a system for identifying, reporting, investigating, and controlling infections and communicable diseases”

EP 5-CMS Clinical Authority *AHC*



“For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program is under the direction of a designated and qualified professional who has training in infection control.”

IC.01.02.01 Resources



Hospital leaders allocate needed resources for the infection prevention and control program.

EP 1-Information

All programs except BHC

“The hospital provides access to information needed to support the infection prevention and control program.”

- ▶ Computer & software
- ▶ Resource materials
- ▶ Journals
- ▶ Other education



EP 2-Laboratory *AHC, BHC, CAH, HAP, LTC*



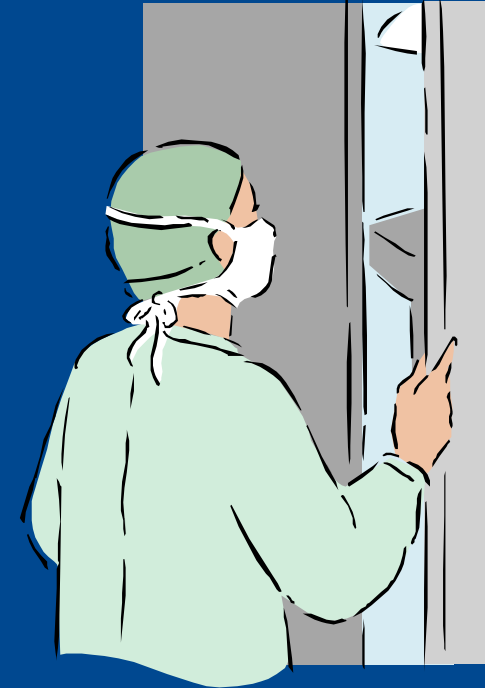
“The hospital provides laboratory resources when needed to support the infection prevention and control program.”

- ▶ Daily lab services
- ▶ Specialty services when indicated

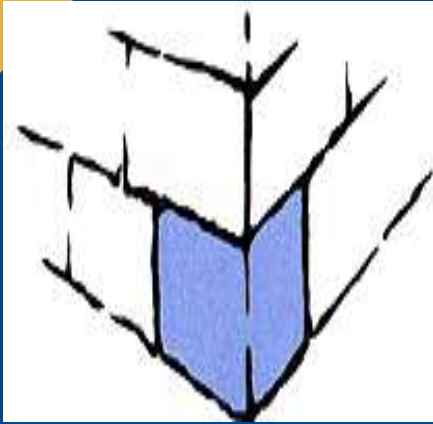
EP 3-Equipment *All programs*

“The hospital provides equipment and supplies to support the infection prevention and control program.”

- Ventilation systems
- Isolation systems
- Waterborne pathogen control



IC.01.03.01 Risk Assessment



“The hospital identifies risks for acquiring and transmitting infections.”

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



EP 1-Location, Community and Population

All programs except LAB

“The hospital identifies risks for acquiring and transmitting infections based on the following: Its geographic location, community, and population served.”

Geographic Location

IC risks vary widely across our large country

Examples

- Malaria in Southeast
- Hantavirus in Southwest
- *Legionella* in the South
- West Nile virus moved from East to West



Community



- Urban, suburban, rural
- Financial resources
- Healthcare resources



Population Served

- Determinants of health
 - Socioeconomic status
 - Race/ethnicity
 - Employment/industry
 - Country of origin
 - Health beliefs
 - Health literacy
 - Political environment



EP 2-Programs and Services Provided

All programs

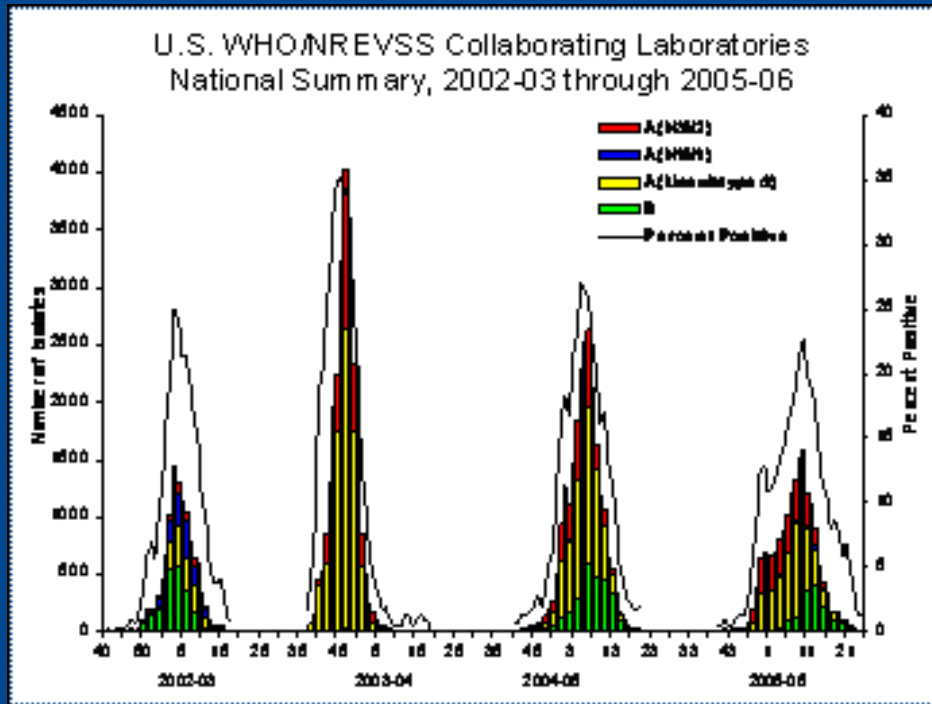
“The hospital identifies risks for acquiring and transmitting infections based on the following: The care, treatment, and services it provides.”

- Transplant
- Specialty surgery
- Critical care
- Oncology
- Pediatrics
- Rehab
- Long-term care



EP 3-Surveillance and Other Data

All programs except LAB



“The hospital identifies risks for acquiring and transmitting infections based on the following: The analysis of surveillance activities and other infection control data.”

EP 4-Time Frame, Input from Staff *CAH, HAP, LTC*

“The hospital reviews and identifies its risks at least annually and whenever significant changes occur with input from, at a minimum, infection control personnel, medical staff, nursing, and leadership.”



EP 5-Ranking Risk

All programs

“The hospital prioritizes the identified risks for acquiring and transmitting infections. These prioritized risks are documented. 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

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)

IC.01.04.01 Goals

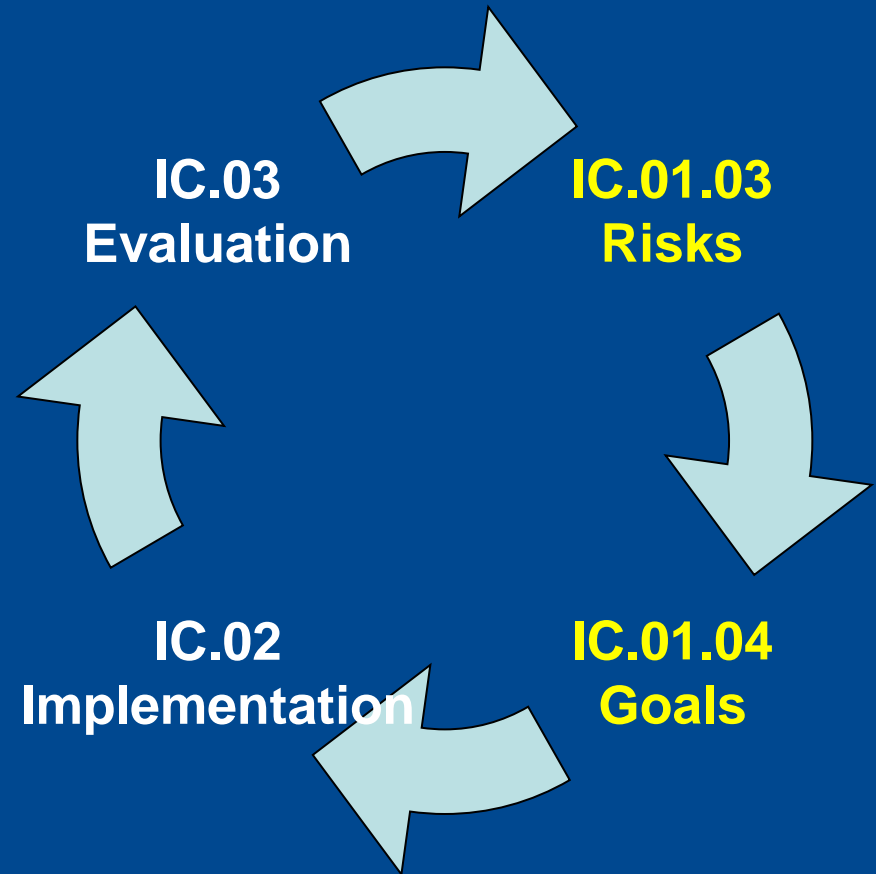


“Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections.”

EP 1-Goals Based on Risks

All programs

- “The hospital's written infection prevention and control goals include the following:
Addressing its prioritized risks.”



EP 2-Exposure to Pathogens

All programs



“The hospital's written infection prevention and control goals include the following:
Limiting unprotected exposure to pathogens.”

- Isolation systems
- Bloodborne pathogens
- Waste disposal

EP 3-Procedures

All programs except BHC

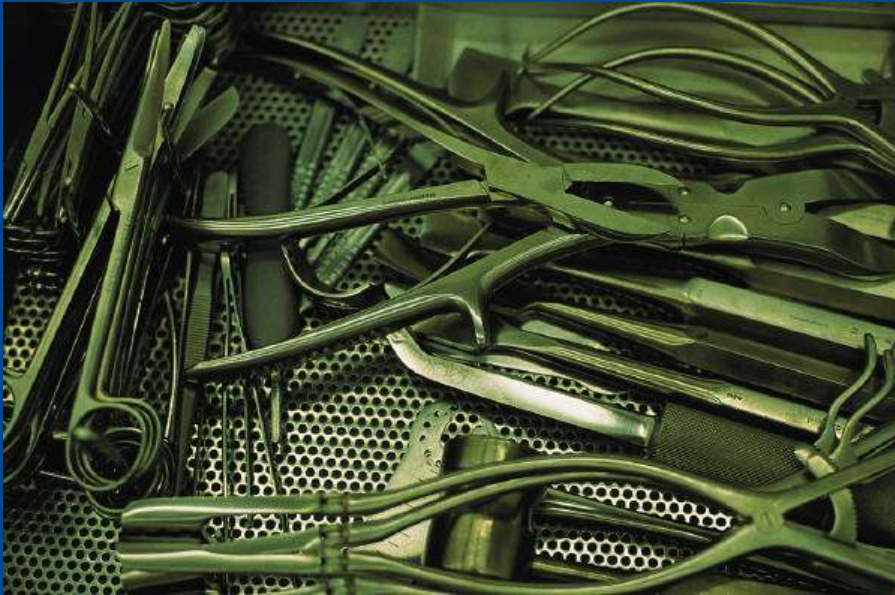
“The hospital's written infection prevention and control goals include the following: Limiting the transmission of infections associated with procedures.”

-Not limited to OR



EP 4-Equipment, Devices & Supplies

All programs



“The hospital's written infection prevention and control goals include the following: Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies.”

EP 5-Hand Hygiene

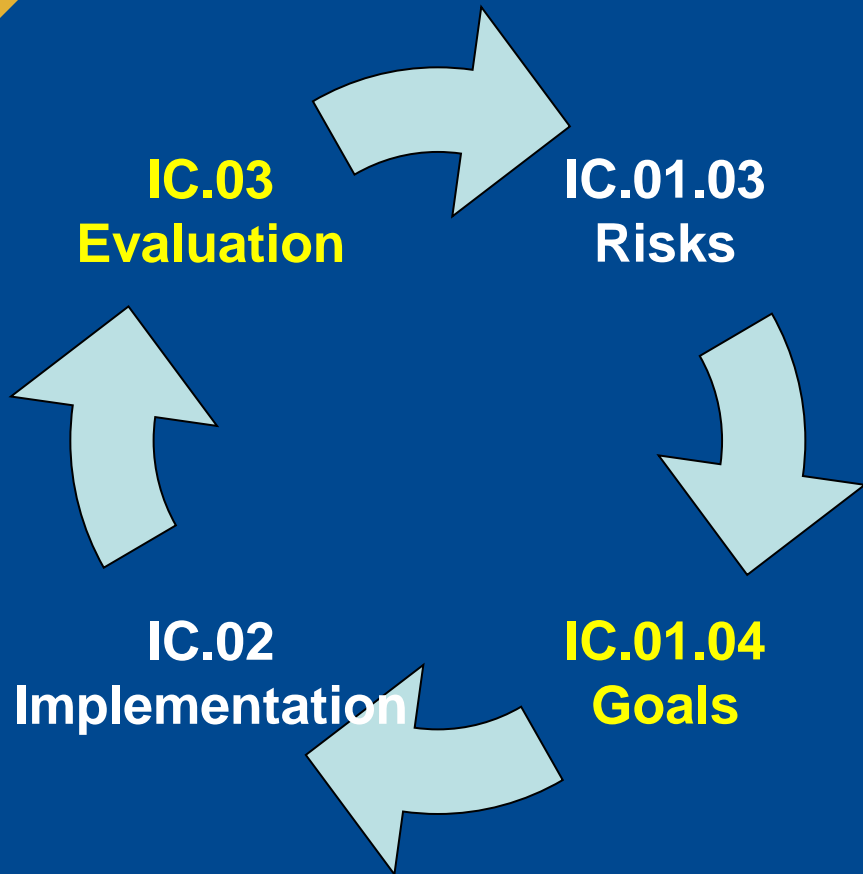
All programs

“The hospital's written infection prevention and control goals include the following: Improving compliance with hand hygiene guidelines.”

-Improved rates




Relationship of Goals to Evaluation



*****Remember*****

Your evaluation must address success or failure of goals. Be sure to consider this when formulating your goals.

IC.01.05.01 Written Plan



The hospital has an infection prevention and control plan.

EP 1-Guidelines

All programs

“When developing infection prevention and control activities, the hospital uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.”



Department of Health and Human Services

Centers for Disease Control and Prevention

EP 1-Guidelines

▶ CDC/HICPAC Guidelines

- Guidelines for Prevention of Intravascular-Related Infection (2011)
- Catheter-associated Urinary Tract Infections (2009)
- Disinfection and Sterilization (2008)
- 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)
- Hand Hygiene (2002)
- Infection Control in Healthcare Personnel (1998)
- Surgical Site Infection (1998)
- Immunization of Healthcare Workers (1997)

EP 1-Guidelines



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
- May want to reference them in policies and procedures (New-AHC must do this per CMS)

EP 2-Activities in Plan

All programs

“The hospital’s infection prevention and control plan includes a written description of the activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.”



EP 3-Evaluation Process in Plan

All programs

“The hospital’s infection prevention and control plan includes a written description of the process to evaluate the infection prevention and control plan.”



EP 4-Written Policies

LTC only

- ▶ The organization has written infection prevention and control policies for the following departments:
 - Clinical services (for example, nursing, rehabilitation, respiratory therapy, dialysis)
 - Food services (for example, food preparation, dining services, room service)
 - Housekeeping
 - Maintenance and laundry services
 - Ancillary services (for example, beauty shops)
 - Resident activities
 - Staff health
- ▶ Note: The organization can have one policy that covers all departments or separate policies for each department.

EP 5-Outbreak Plan

All programs except LAB and OBS



“The hospital describes, in writing, the process for investigating outbreaks of infectious disease.”

- ▶ *The surveyor will ask-*
 - Has this been predetermined?
 - Does the method chosen “close the loop”

Structure of an outbreak investigation report (APIC-example only)



1. Summary / Abstract

2. Introduction and background

3. Outbreak description

4. Methods

5. Results

6. Discussion

7. Lessons learned

8. Recommendations

9. References

10. Annexes

EP 6-All Components and Functions

All programs except OBS

“All hospital components and functions are integrated into infection prevention and control activities.”



EP 7-Communication Method

All programs



“The hospital has a method for communicating responsibilities about preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families.”

EP 8-External Reporting Methods

All programs

“The hospital identifies methods for reporting infection surveillance and control information to external organizations.”



EP 9-Written Activities

AHC and OME only

- ▶ “For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection and communicable diseases. These activities are documented.”
- ▶ “For hospices that elect to use The Joint Commission deemed status option: The hospice has an infection control program for surveillance, identification, prevention, control, and investigation of infections and communicable diseases in order to protect patients, families, visitors, and staff. The program is described in writing.”

EP 10-IC Part of QAPI

OME only

- ▶ “For hospices that elect to use The Joint Commission deemed status option: The infection control program is part of the hospice’s quality assessment and improvement program.”

EP 11-Immediate Corrective Action

AHC only

- ▶ “For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program includes a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.”

IC.01.06.01 Influx of Infectious Patients



The hospital prepares to respond to an influx of potentially infectious patients.

EP 1-Public Resources

All programs except LAB and OBS



“The hospital identifies resources that can provide information about infections that could cause an influx of potentially infectious patients.”

EP 2-Influx Information

All programs except LAB and OBS

“The hospital obtains current clinical and epidemiological information from its resources regarding new infections that could cause an influx of potentially infectious patients.”



EP 3-Public Health Communication

All programs except OBS



“The hospital has a method for communicating critical information to licensed independent practitioners and staff about emerging infections that could cause an influx of potentially infectious patients.”

EP 4-Written Plan


All programs except OBS

“The hospital describes in writing how it will respond to an influx of potentially infectious patients.”

- ▶ Must be planned in advance
- ▶ Do not limit to one organism or scenario



All programs except OBS



“If the hospital decides to accept an influx of potentially infectious patients, then the hospital describes in writing its methods for managing these patients over an extended period of time.”

-Consider communication with local authorities

EP 6-Plan Activation

All programs except OBS

“When the hospital determines it is necessary, the hospital activates its response to an influx of potentially infectious patients.”



IC.02 (Implementation) Outline

Plan Implementation	IC.02.01.01
Medical Equipment, Devices, and Supplies	IC.02.02.01
Transmission of Infections	IC.02.03.01
Influenza Vaccinations	IC.02.04.01

IC.02.01.01 Plan Implementation



The hospital implements its infection prevention and control plan.

EP 1-Implementation of Strategies

All programs

“The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of Infection.”

-General requirement, specifics follow in subsequent EPs



EP 2-Standard Precautions

All programs



“The hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.”

HICPAC Definition of Standard Precautions

Standard Precautions. A group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is a combination and expansion of Universal Precautions and Body Substance Isolation. Standard Precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions includes hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Also, equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents, (e.g. wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

EP 3-Transmission-Based Precautions

All programs

“The hospital implements transmission-based precautions in response to the pathogens that are suspected or identified within the hospital’s service setting and community.”

- Three categories:
 - Contact
 - Droplet
 - Airborne



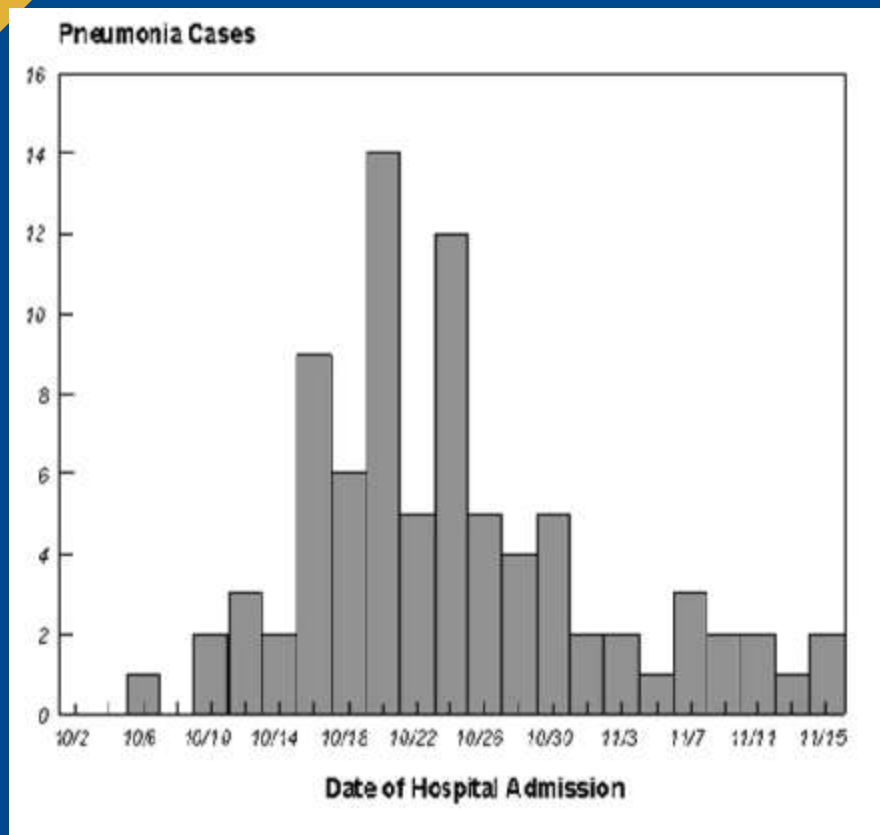
EP 4-Procedural Areas

OBS only

- ▶ “Only authorized and properly attired staff are allowed in procedure areas.”


EP 5-Outbreak Investigation

All programs except OBS and LAB



“The hospital investigates outbreaks of infectious disease.”

- This is the actual investigation
- Planning falls under IC.01.05.01 EP 5



Example Only: Process for Investigating an Outbreak

- Prepare for field work
- Establish the existence of an outbreak
- Verify the diagnosis
- Define and identify cases
- Describe and orient the data in terms of time, place, and person
- Develop hypotheses
- Evaluate hypotheses
- Refine hypotheses and carry out additional studies
- Implement control and prevention measures
- Communicate findings

EP 6-Infectious Waste

All programs



“The hospital minimizes the risk of infection when storing and disposing of infectious waste.”

- ▶ *The surveyor will ask*
 - How does IC work with facilities and housekeeping to prevent exposure?

EP 7-Implementation of Communication

All programs

“The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families.”

-Implementation of general communication



EP 8-Internal Reporting

All programs



“The hospital reports infection surveillance, prevention, and control information to the appropriate staff within the hospital.”

▶ Internal reporting (as opposed to external reporting and general communication)

EP 9-Public Health Reporting

All programs

“The hospital reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation.”

► Implementation of reporting



EPs 10 & 11-Transferring & Receiving

All programs except BHC and LAB

“When the hospital becomes aware that it transferred a patient who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization.”

“When the hospital becomes aware that it received a patient from another organization who has an infection requiring action, and the infection was not communicated by the referring organization, it informs the referring organization.”

EP 13-Animals in Healthcare Facilities

BHC and LTC only

- ▶ “Only authorized and properly attired staff are allowed in procedure areas.”


EP 13-Animals in Healthcare Facilities

BHC and LTC only

- ▶ BHC: “The organization reduces the risks associated with animals, including potential problems with cleanliness, immunizations, and management of waste.”
- ▶ LTC: “The organization reduces the risks associated with animals in the facility, including potential problems with cleanliness, immunizations, and management of waste.”



Animals in Healthcare Facilities



- Is there 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



IC.02.02.01- Medical Equipment, Devices, and Supplies

The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

EP 1-Cleaning and Disinfecting

All programs

- ▶ “The hospital implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical supplies and devices.”
- ▶ See HICPAC’s “Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008”



EP 2-High-Level Disinfection & Sterilization

All programs except BHC, LAB and OME



- ▶ “The hospital implements infection prevention and control activities when doing the following:
Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.”
- ▶ See July 2009 Perspectives
- ▶ See HICPAC’s “Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008”

EP 4-Storage

All programs



“The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.”


EP 5-Single Use Disposables

All programs except BHC, LAB and OME

“When reprocessing single-use devices, the hospital implements infection prevention and control activities that are consistent with regulatory and professional standards.”




EPs 6 & 7-Linen *OME only*



- EP 6: “For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice has available at all times the quantity of linen required for the proper care and comfort of patients.”

- EP 7: “For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Linens are handled, stored, processed, and transported in a manner that prevents the spread of infection.”

IC.02.03.01 Transmission Among Staff and Patients



The hospital works to prevent the transmission of infectious disease among patients, licensed independent practitioners, and staff.

EP 1-Staff Health Screening

All programs

“The hospital makes screening for exposure and/or immunity to infectious disease available to licensed independent practitioners and staff who may come in contact with infections at the workplace.”



EP 2-III Staff *All programs*



“When licensed independent practitioners or staff have, or are suspected of having, an infectious disease that puts others at risk, the hospital provides them with or refers them for assessment, testing, immunization, prophylaxis/treatment, or counseling.”

EP 3-Staff Exposure

All programs

“When licensed independent practitioners or staff have been occupationally exposed to an infectious disease, the hospital provides them with or refers them for assessment, testing, immunization, prophylaxis/treatment, or counseling.”



EP 4-Patient Exposure


All programs except LAB

“When patients have been exposed to an infectious disease, the hospital provides them with or refers them for assessment, testing, immunization, prophylaxis/treatment, or counseling.”

Examples:

- ▶ Patient to patient exposure
- ▶ Staff member to patient exposure
- ▶ Patient exposure to improperly processed instruments or equipment

IC.02.04.01 Influenza Vaccination



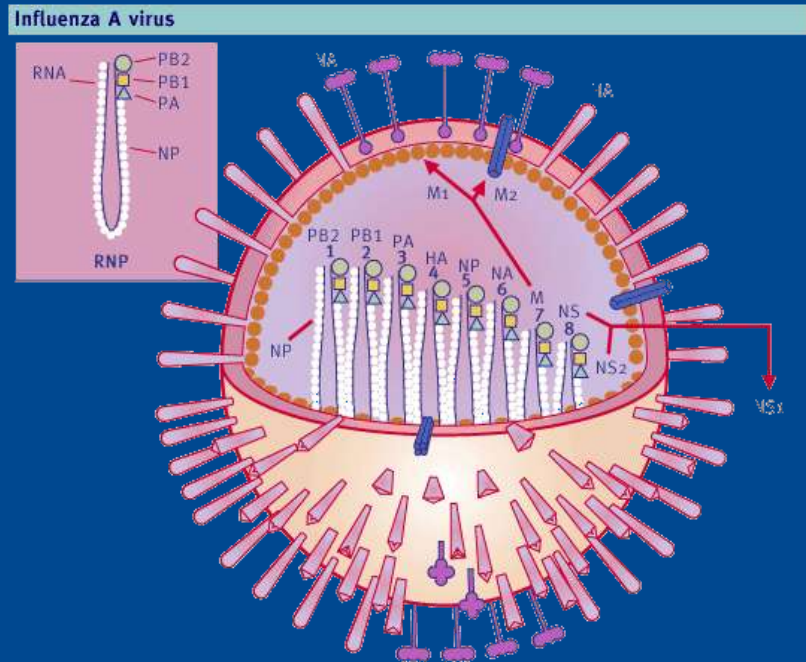
The hospital offers vaccination against influenza to licensed independent practitioners and staff.

EP 1-Staff & LIP Vaccination Program

CAH, HAP, LTC only

“The hospital establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.”

***This is surveyed year-round!



EP 2-Staff Education *CAH, HAP, LTC only*

The hospital educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.

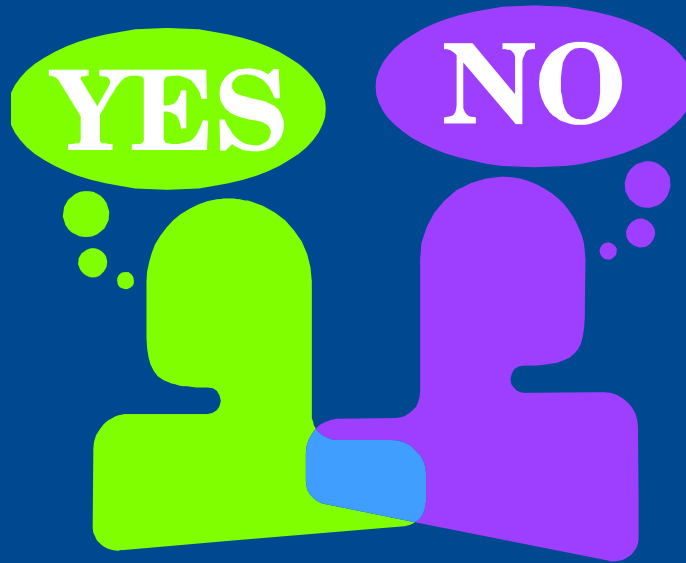


EP 3-Accessible Sites *CAH, HAP, LTC only*

“The hospital provides influenza vaccination at sites accessible to licensed independent practitioners and staff.”



EP 4-Annual Evaluation *CAH, HAP, LTC only*



“The hospital annually evaluates vaccination rates and the reasons given for declining the influenza vaccination.”

EP 5-Improve Rates *CAH, HAP, LTC only*

“The hospital takes steps to increase influenza vaccination rates.”




IC.02.04.03 Influenza Vaccination-Residents *LT2 and LTC only*



The organization provides the influenza vaccination to at-risk residents.

EPs 1 & 2-Influenza vaccination

LT2 and LTC only




- EP 1: “The organization develops protocols on when to administer the influenza vaccine to a resident.”

- EP2: “Residents identified as being high-risk for influenza are vaccinated.
- Footnote: See the Centers for Disease Control and Prevention guidelines on high-risk populations (Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities: <http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>).

IC.02.04.05 Pneumococcal Vaccination

LT2 and LTC only



The organization provides the pneumococcal vaccination to at-risk residents.

EPs 1 & 2-Pneumococcal vaccination

LT2 and LTC only

- EP 1: “The organization develops protocols on when to administer the pneumococcal vaccine to a resident.”

- EP2: “Residents identified as being high-risk for pneumococcal infection are vaccinated.
- Footnote: See the Centers for Disease Control and Prevention guidelines on high-risk populations (Pneumococcal polysaccharide vaccine (PPSV): CDC answers your questions <http://immunize.org/catg.d/p2015.pdf>).

IC.03.01.01 Plan Evaluation

The hospital evaluates the effectiveness of its infection prevention and control plan.

EP 1-Annual Evaluation

All programs

“The hospital evaluates the effectiveness of its infection prevention and control plan annually and whenever risks significantly change.”

- ▶ The organization must ask, “How did we do?”



EP 2-Evaluation of Risks

All programs

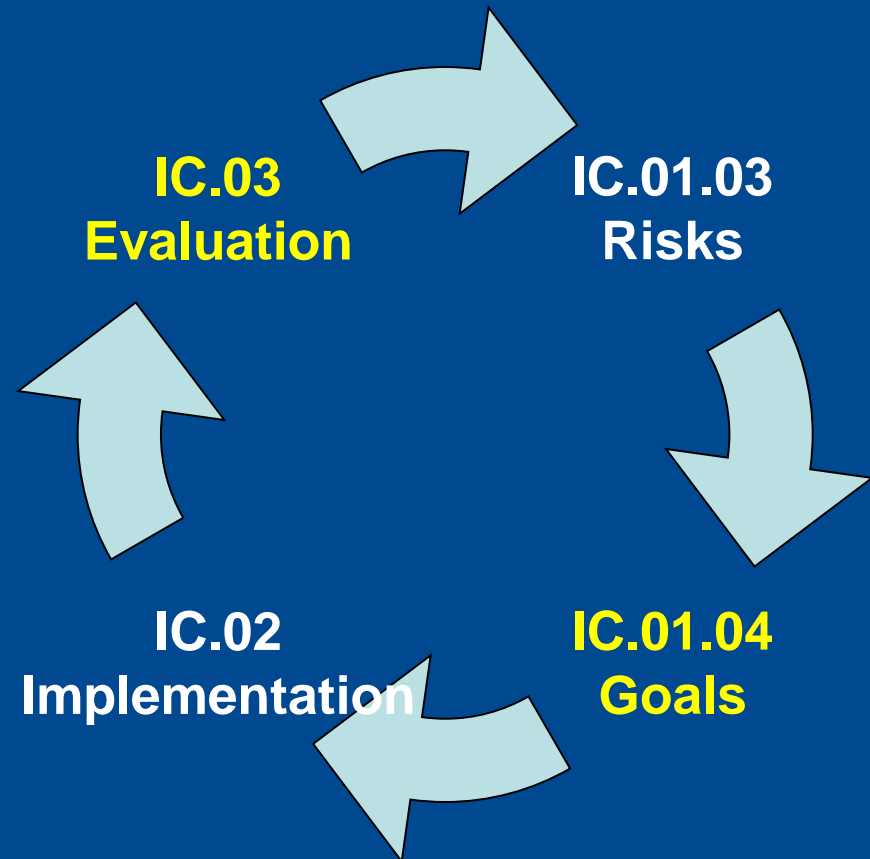


“The evaluation includes a review of the following: The infection prevention and control plan's prioritized risks.”

EP 3-Evaluation of Goals

All programs

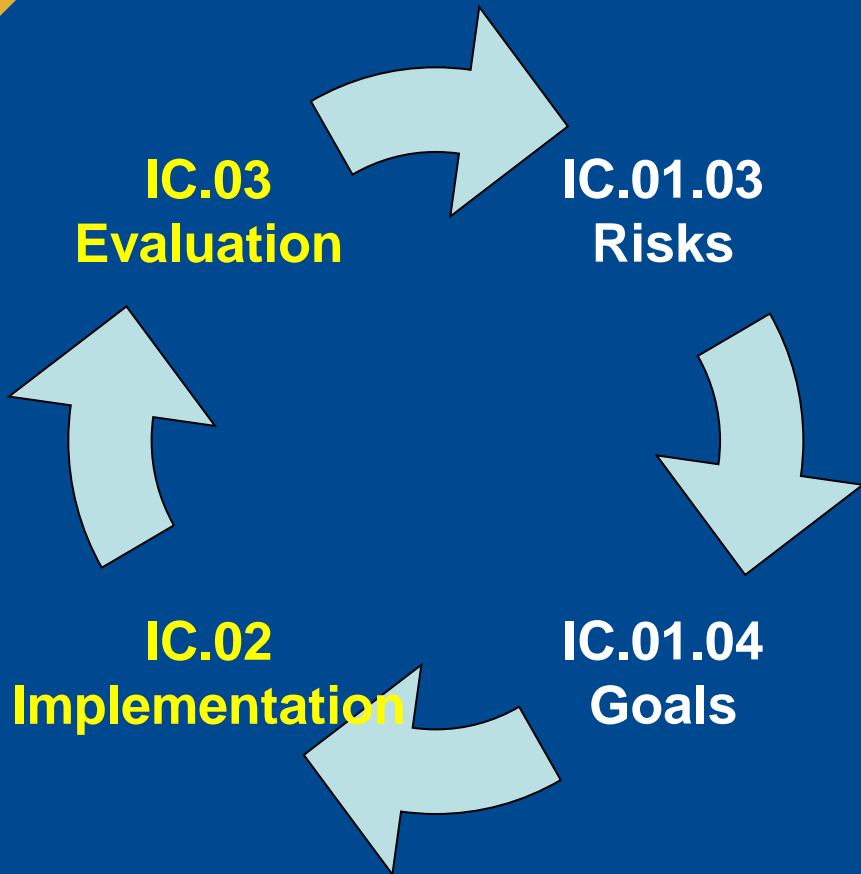
“The evaluation includes a review of the following: The infection prevention and control plan's goals.”




EP 4-Evaluation of Activities

All programs

“The evaluation includes a review of the following:
Implementation of the infection prevention and control plan’s activities.”



EP 5-Outcomes *AHC and OBS only*



“The evaluation includes a review of the following: Outcomes of infection prevention and control activities.”

EP 6-Annual Report to Safety

All programs

“Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the patient safety program.”



EP 7-Plan Revision

All programs

“The hospital uses the findings of its evaluation of the infection prevention and control plan when revising the plan.”

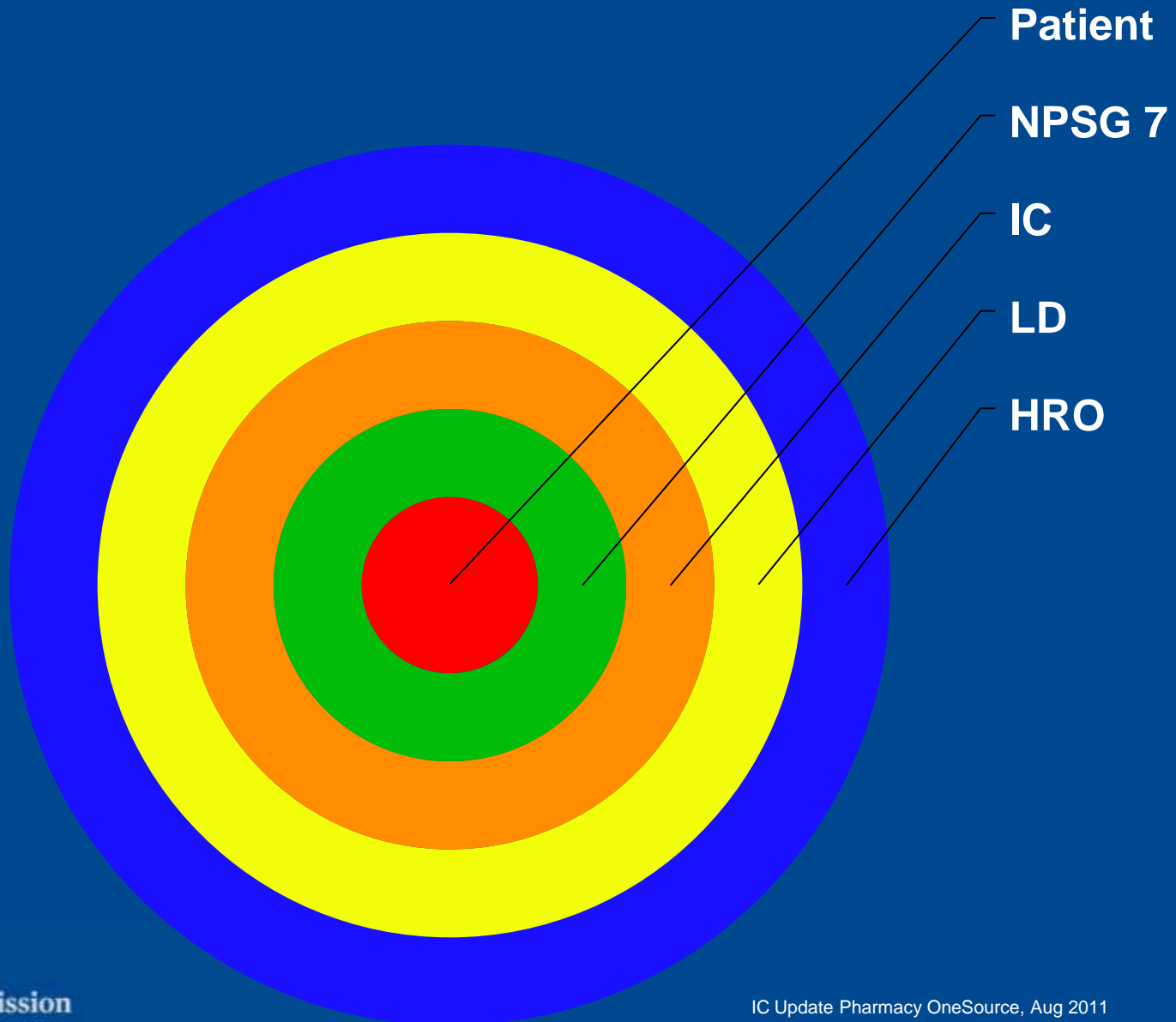


Healthcare-associated infections

Five additional requirements

- ▶ NPSG.07.01.01: hand hygiene guidelines (CDC or WHO)
- ▶ NPSG.07.03.01: multidrug-resistant organisms (MDRO)
- ▶ NPSG.07.04.01: central line-associated bloodstream infection (CLABSI)
- ▶ NPSG.07.05.01: surgical site infection (SSI)
- ▶ NPSG.07.06.01: catheter-associated UTI (CAUTI)

NPSG, IC, LD Relationships



General Self-Evaluation Tips

- ▶ Read Perspectives
- ▶ Respond to field reviews, and consider having your medical staff do so
- ▶ Observe care
- ▶ Try to work each EP into your tracers
- ▶ Carefully consider how requirements in other accreditation chapters impact IC
- ▶ Keep up-to-date with all guidelines (IC.01.05.01 EP 1)
- ▶ Ask questions if you're not absolutely sure (SIG)

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Questions

- Questions for Louise Kuhny can be emailed to:
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