Joint Commission Accreditation Process: Reprocessing of Instruments

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Objectives

- Upon completion of this program, participants will be able to articulate:
  - Joint Commission IC (infection control) requirements and survey process especially as it relates to reprocessing
  - How scientific guidelines and regulatory requirements relate to Joint Commission standards
  - Describe the relationship of the IC program, the Joint Commission Leadership standards and a culture of patient safety

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Mission Statement

- The Joint Commission's mission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

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About Us

- The Joint Commission evaluates and accredits more than 19,000 health care organizations and programs in the United States.
  - 4161 Hospitals
  - 1428 Ambulatory Health Care Centers
- An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care.

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SII Changes Enhanced IC Survey Processes

- The Joint Commission enhanced its standards in 2009 through the Standards Improvement Initiative
- Many implied requirements now specifically addressed
- Planning process and written plan made clear
- High risk activities separated (isolation, sterilization, HLD, employee health); now a greater focus during survey

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Basic Premises of TJC IC Standards

- Each accredited organization has a customized IC program based on its risks

- All accredited organizations must utilize relevant scientific guidelines (CDC, AAMI, AORN, etc.) and follow regulatory requirements (FDA)

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

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IC.01.01.01 Responsibility

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

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IC.01.02.01 Resources

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

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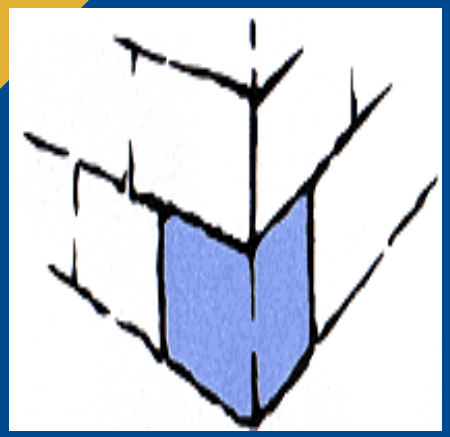
IC.01.03.01 Risk Assessment



"The hospital identifies risks for acquiring and transmitting infections."

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

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IC.01.04.01 Goals

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

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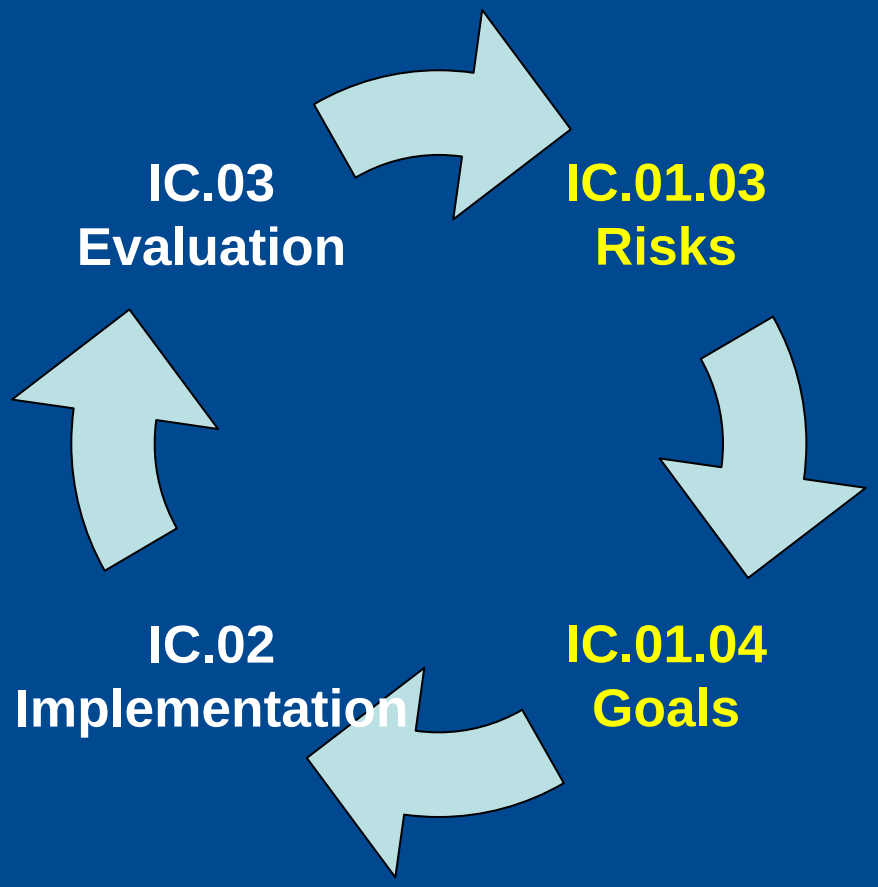
EP 1-Goals Based on Risks
All programs

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



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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

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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

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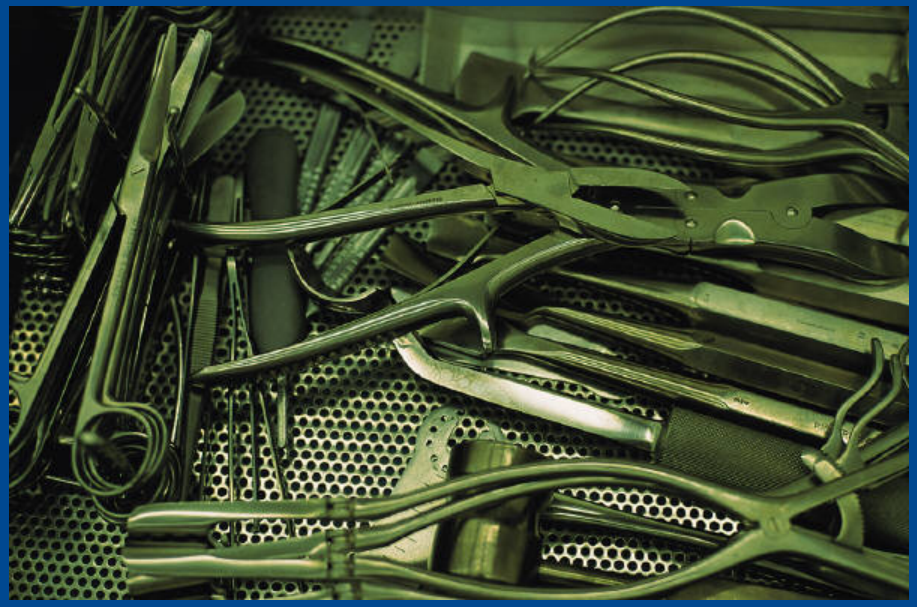
EP 4-Equipment, Devices & Supplies *All programs*



"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."

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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

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IC.01.05.01 Written Plan

The hospital has an infection prevention and control plan.

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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."

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EP 1-Guidelines

- CDC/HICPAC Guidelines
  - 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)
  - Intravascular Device-Related Infections (2002)
  - Hand Hygiene (2002)
  - Infection Control in Healthcare Personnel (1998)
  - Surgical Site Infection (1998)
  - Immunization of Healthcare Workers (1997)

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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

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EP 5-Outbreak Plan

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

- *This includes outbreaks associated with inadequately processes instruments*

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IC.02.01.01 Plan Implementation

The hospital implements its infection prevention and control plan.

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EP 1-Implementation of Strategies

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

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IC.02.02.01- Medical Equipment, Devices, and Supplies

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

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EP 1-Cleaning and Disinfecting

- "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"

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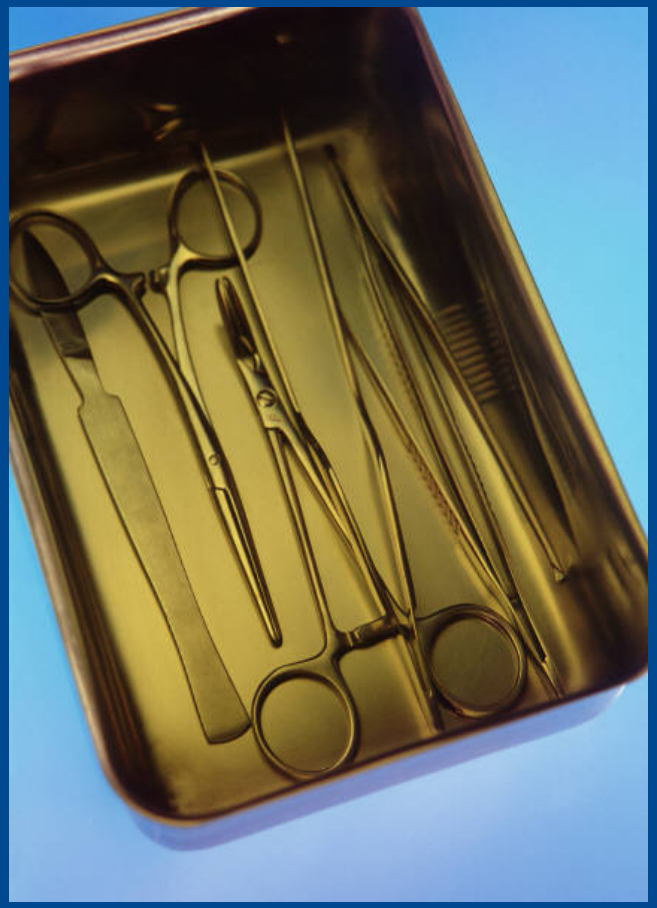
EP 2-High-Level Disinfection & Sterilization



- "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- specifically requires use of manufacturer's IFU
- See HICPAC's "Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008" and AAMI ST-79

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EP 2-High-Level Disinfection & Sterilization

- This is very high priority area for The Joint Commission
- We have dedicated significant resources to this important issue, including extensive surveyor educational programming co-produced with AAMI

- 2010 Statistics:
  - 18% of hospitals were noncompliant with this element of performance (EP)
  - 13% of ambulatory facilities were noncompliant
  - Each was required to submit evidence of standards compliance (ESC) within 45 days after the survey showing that the problem had been resolved
  - Adverse accreditation decisions and/or repeat surveys possible

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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.

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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
- <u>Patient exposure to improperly processed instruments or equipment</u>

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IC.03.01.01 Plan Evaluation

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

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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?"

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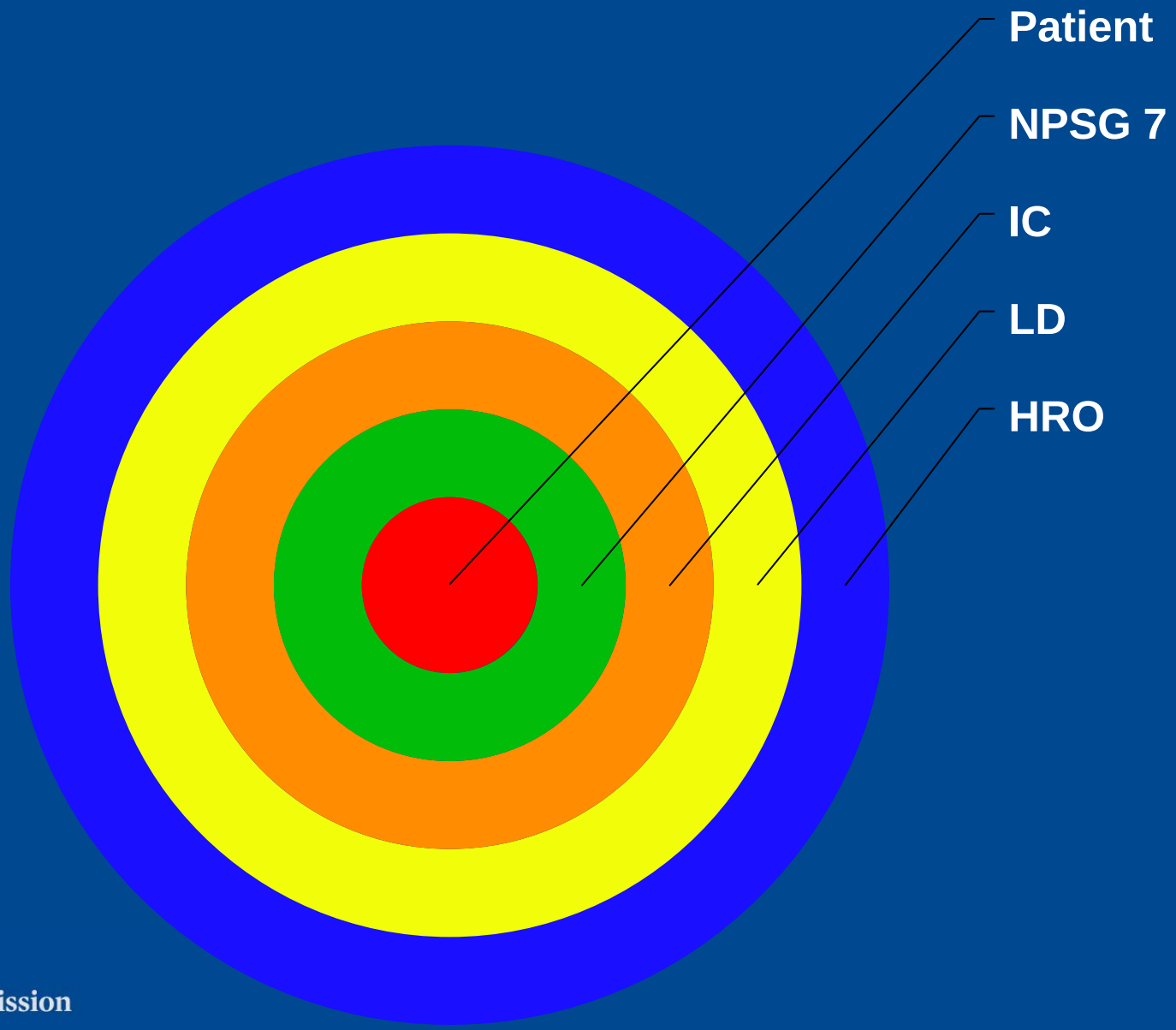
National Patient Safety Goal 7

Reduce the risk of health care–associated infections.

NPSG, IC, LD Relationships



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Goal 7
Healthcare-associated infections

Three new requirements

- 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.07.07.01-catheter-associated UIT (new for 2012)

These were based in part on the *Compendium of Strategies to Prevent Healthcare Associated Infections in Acute Care Hospitals*

– http://www.shea-online.org/about/compendium.cfm

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LD.04.01.01-Law and Regulation

- "The organization provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations."
- This applies to FDA and other regulatory requirements.
- We have specifically applied this to manufacturers' IFUs, as published in the July 2009 edition of Perspectives
- ***We would welcome discussions that would lead to clearer, simpler and more user-friendly IFUs***

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Second Generation Tracers

Definition of “second generation” tracer

- Deep and detailed exploration of particular area, process, subject
- One example is CDS (cleaning, disinfection and sterilization)

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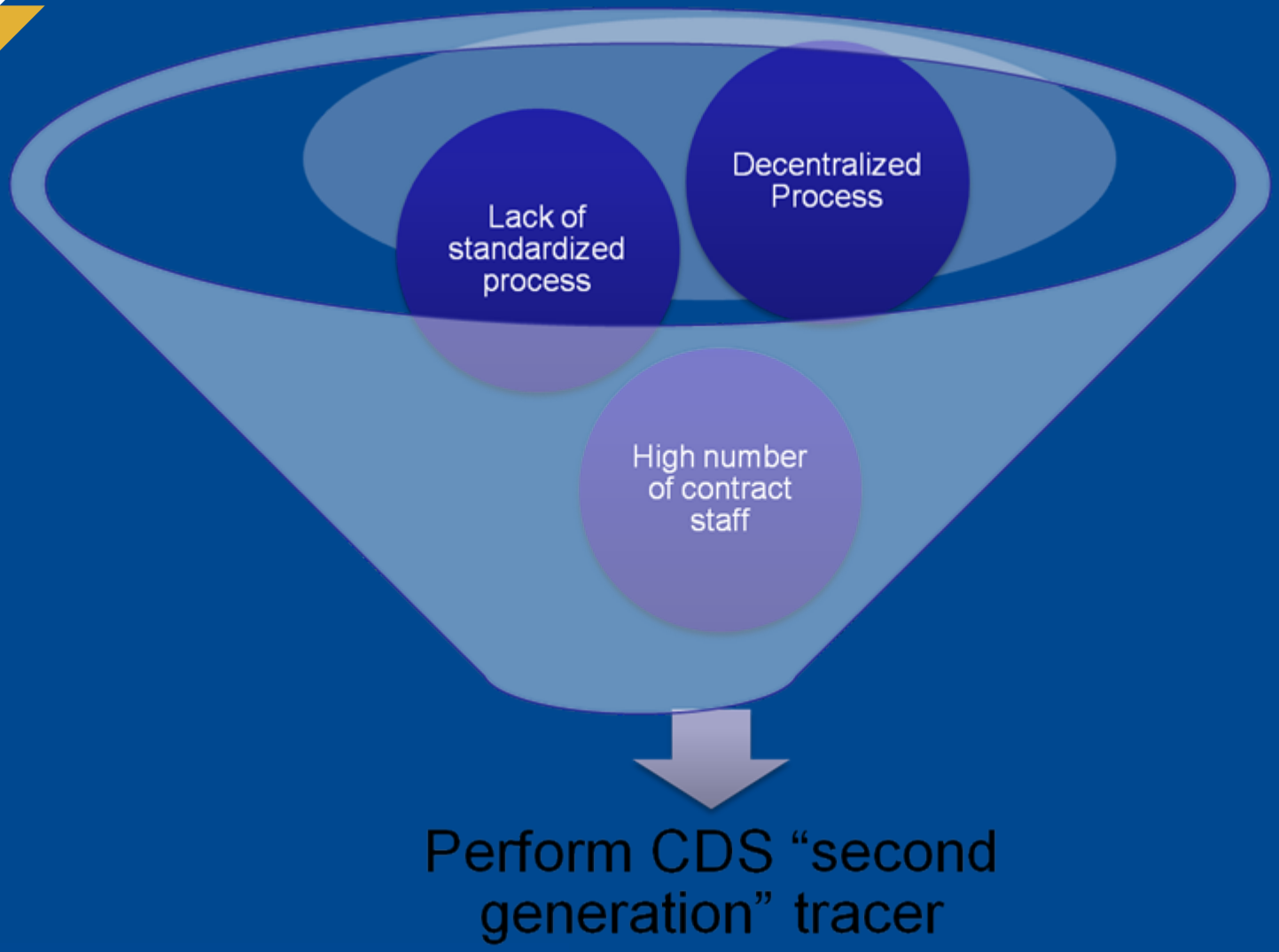
CDS Example: Assessment



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Cleaning, Disinfection, and Sterilization: Key Findings

Observations related to:	Standards / EPs to consider:
Lack of standardized processes for cleaning the same types of equipment	IC.02.02.01 EPs 1 & 2
Lack of oversight of cleaning, disinfection, and sterilization (CDS) processes	LD.04.01.07 EP 2
Inconsistent or lack of staff orientation or on-going training on CDS processes	HR.01.04.01 EPs 1-4; HR.01.05.03 EPs 1 & 4
Incomplete or missing quality check or sterilization logs	EC.02.04.03 EP 4
Lack of a process to document or follow-up on equipment failures	EC.02.04.01 EPs 1-6

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Complimentary Solutions for Accredited Organizations

- Core Measure Solution Exchange
- Leading Practice Library
- Standards BoosterPak™
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Vision Statement

- All people always experience the safest, highest quality, best-value health care across all settings

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