APIC Great Lakes: 2023 Educational Webinar Series

Demystifying the Joint Commission: Infection Prevention and Control Challenges and Strategies for Success

November 28, 2023

Housekeeping

- Please mute your line
- Have questions for our speaker? Drop it in the chat to be asked!

Continuing Education (CE)

- CBIC IPU is available for this webinar
- No CE is available.

APIC GREAT LAKES

welcome

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Demystifying the Joint Commission: Infection Prevention and Control Challenges and Strategies for Success

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The Joint Commission

November 28, 2023

The Joint Commission

The Joint Commission Disclaimer

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Program Objectives

Discuss	Provide	Clarify	Review
Discuss the top 2022 Infection Control non-compliant standards	Provide examples for how to identify the root cause of non-compliance with the Infection Control Standards	Clarify the expectations of the Infection Control standards	Review strategies for how your organization can support Infection Prevention and Control initiatives and activities

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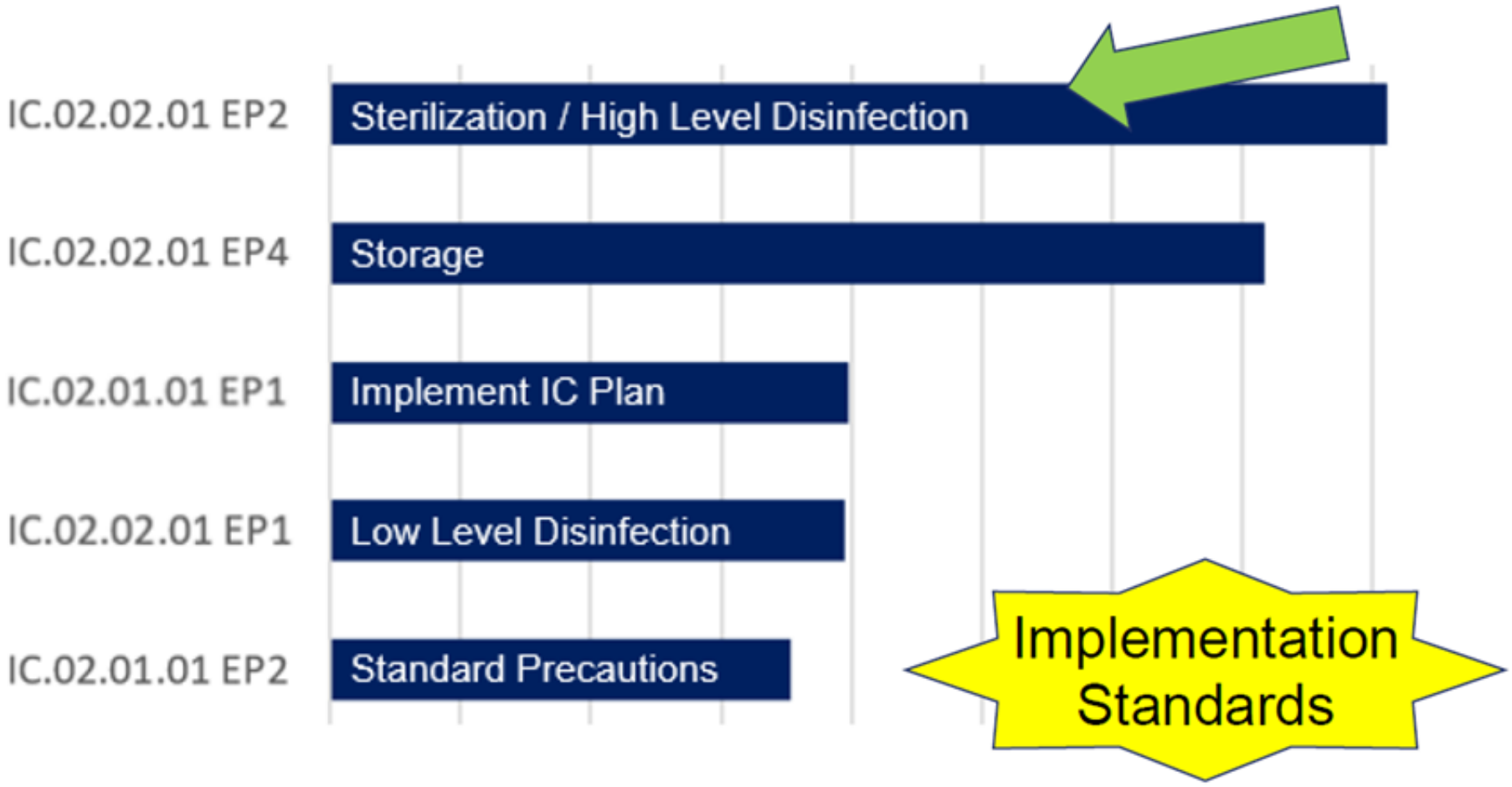
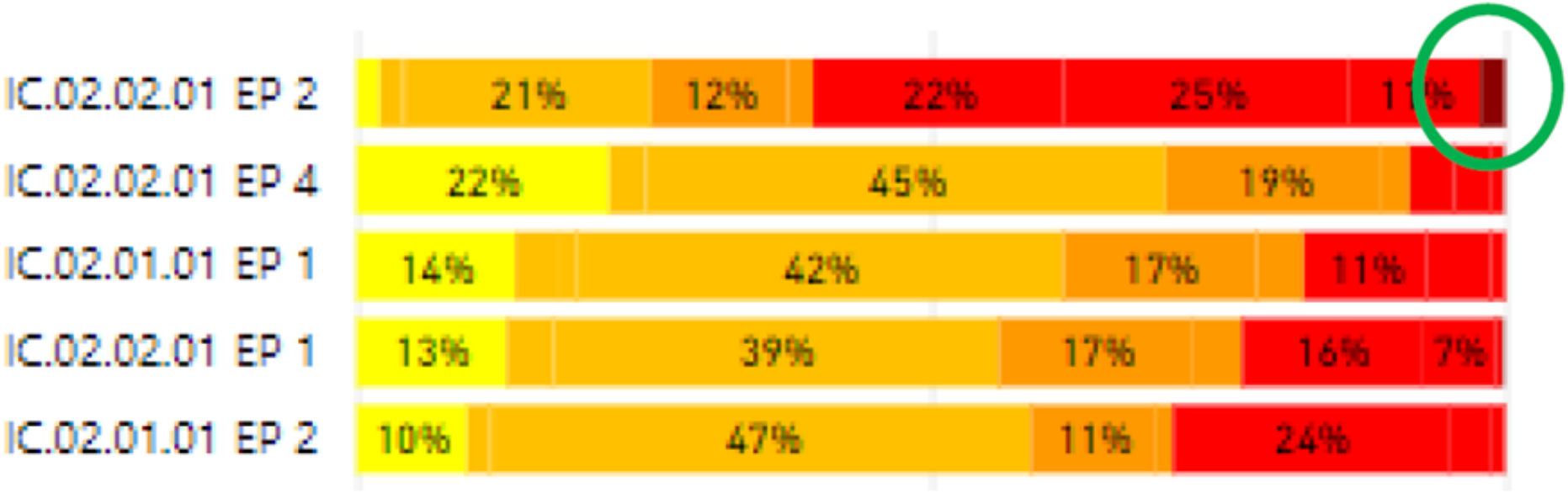
Top Infection Control Findings: 2022

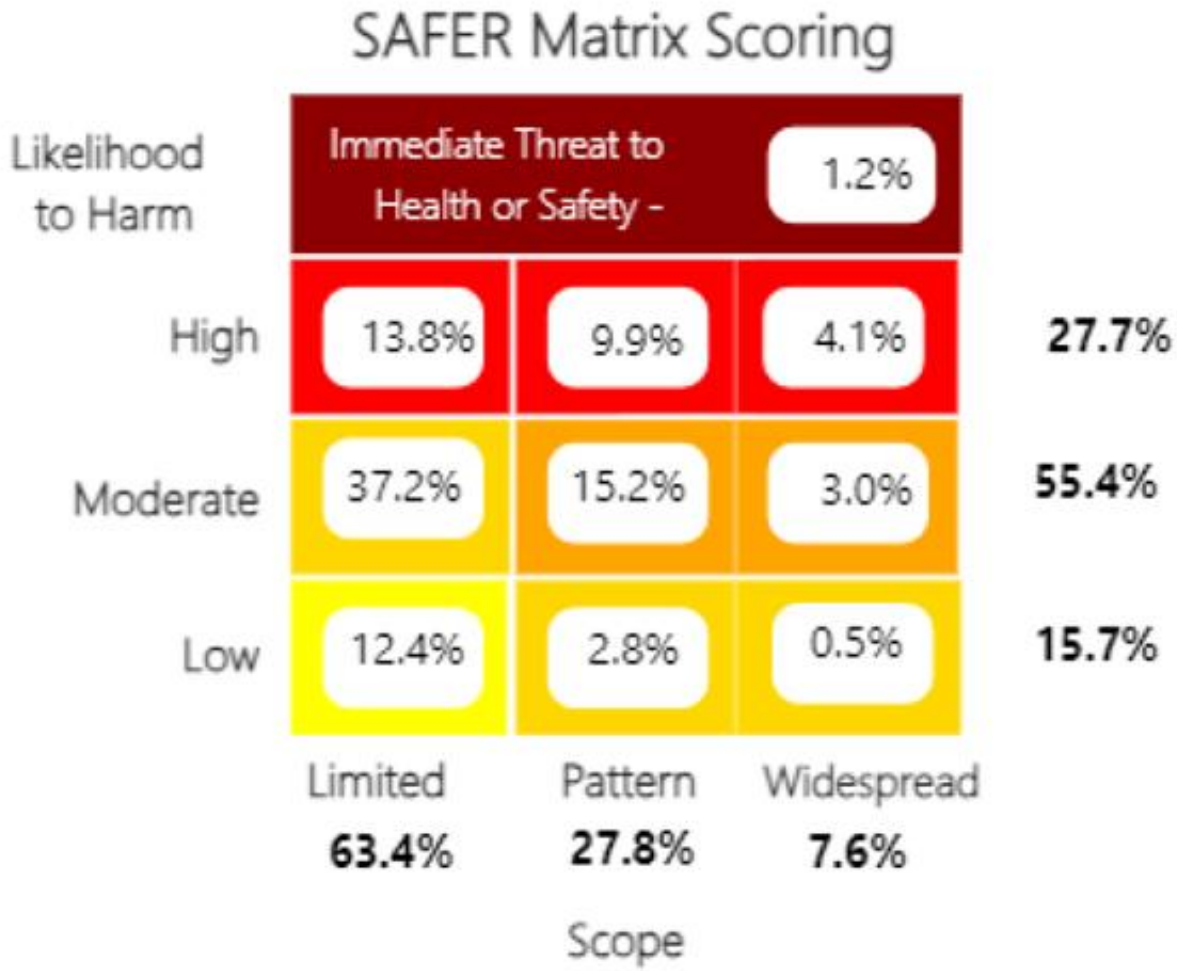
Top 5 Infection Control Findings: 2022



Proportion of Safer Placement 2022: Top 5 Infection Control Findings



Safer Matrix Scoring All IC Findings: 2022

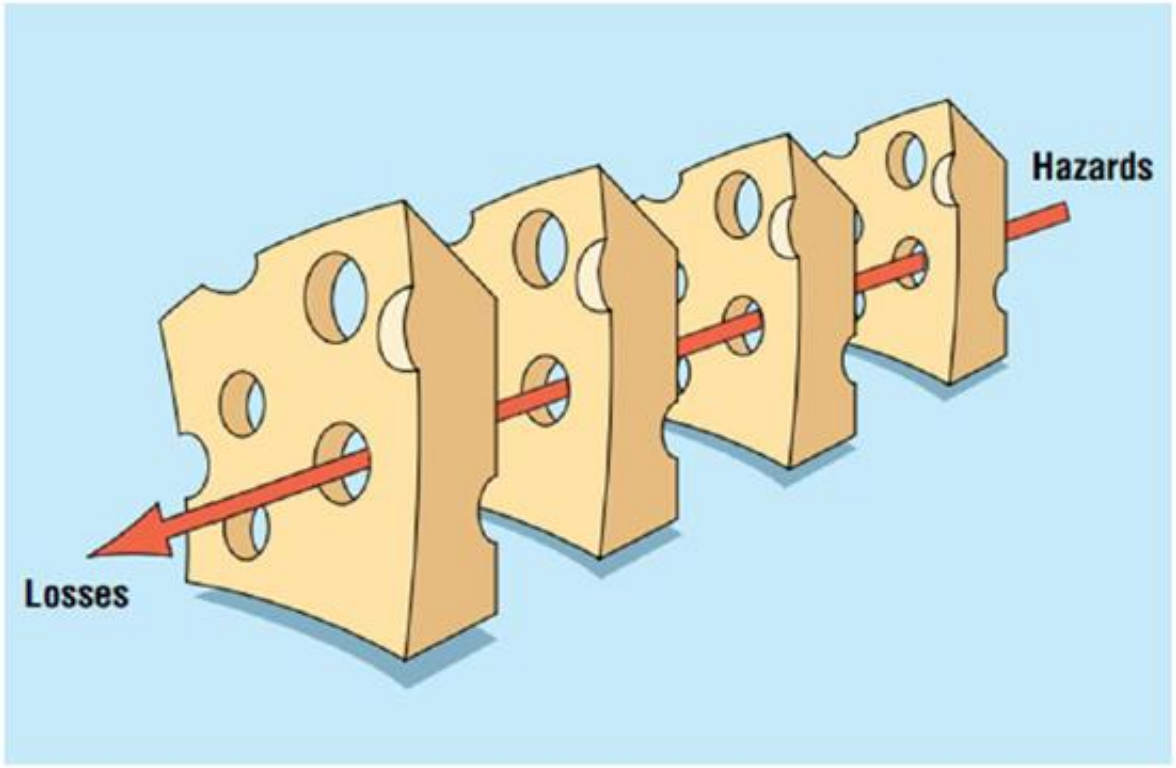


Approach to Assessing Compliance with Infection Prevention and Control Requirements

*For Organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, The Centers for Medicare & Medicaid Services (CMS) state operation manual(s) should be reviewed for applicable mandatory requirements

Modified from April 2019 Perspectives (available at https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/ic-hierarchical-approach-to-scoring-standards-april-2019-perspectives.pdf © The Joint Commission. Used with permission.

Dr. James Reason
The Swiss Cheese Model



J. Reason Human Error: Models and Management
://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117770/pdf/768.pdf

What is the Root Cause?

Resources

Accountability

Process Development

Process Oversight

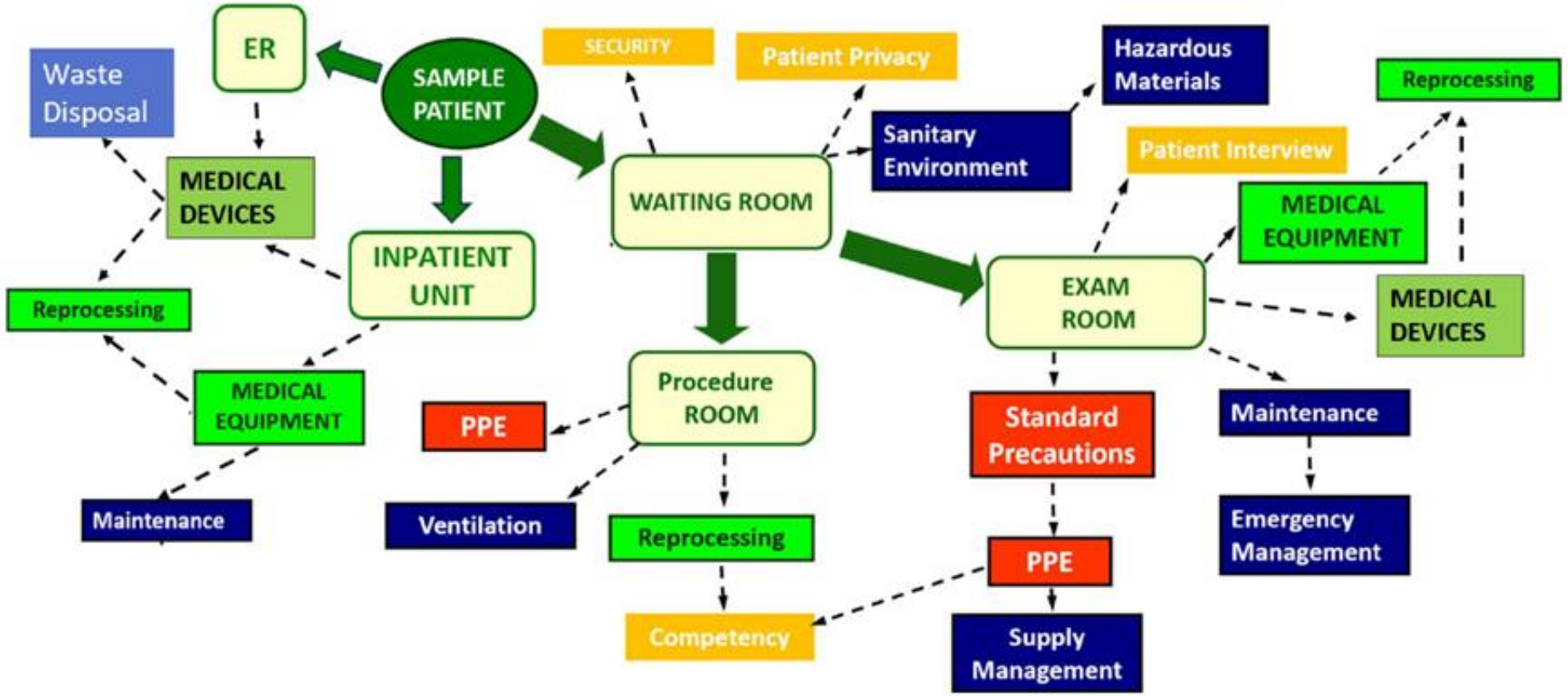
Education/Training/Competency

Understanding the Root Cause Can Help Guide Activities and Resource Allocation

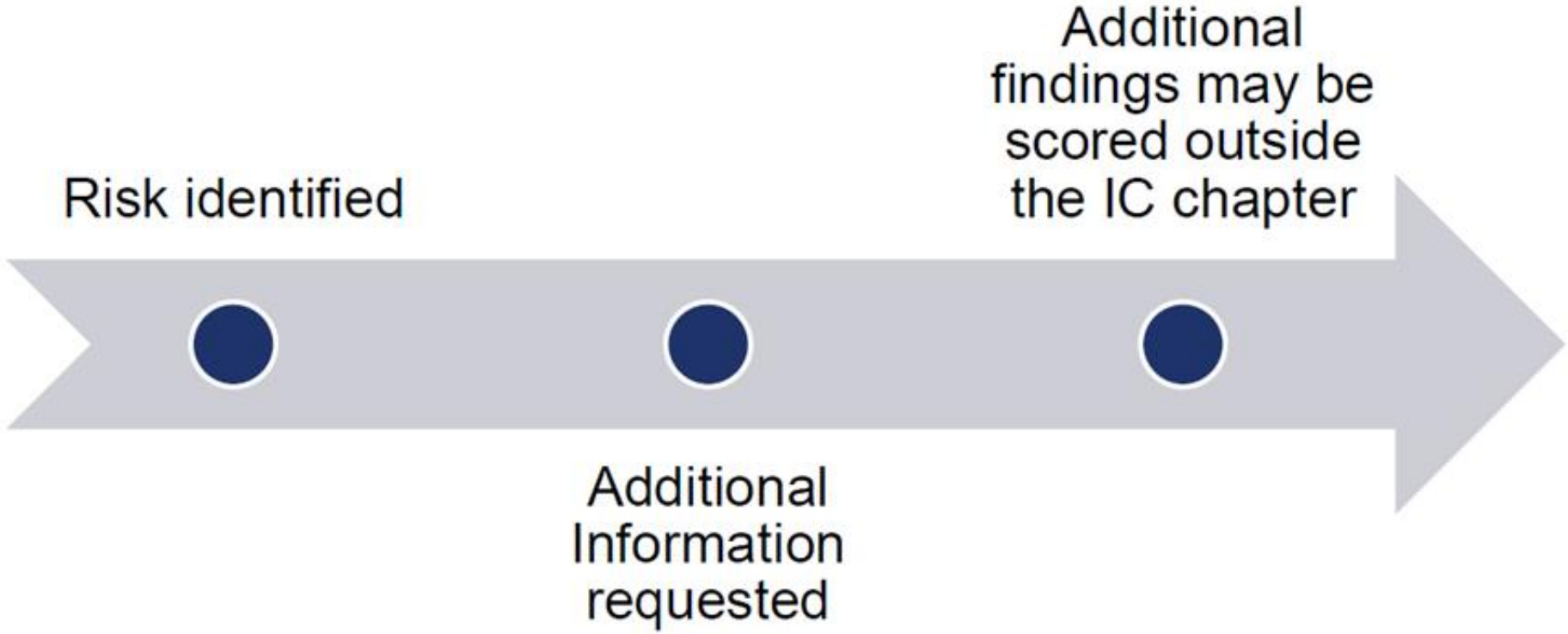
Short term fix

Long term solution

Tracer Methodology is Used to Identify Risks



Evaluating Identified Risks



There May be Additional Opportunities Identified when Investigating a Risk

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What's at the Root of Frequently Cited IC Observations?

Key Elements: Implementation

Compliant Process

Resources

Competent Employees

Infection Prevention and Control Involvement

Accountable Staff

Oversight

IC.02.02.01 EP2: Sterilization and High-Level Disinfection

- **#1** on the Most Frequently Cited Higher-Risk Accreditation Requirements
- In the Top 10 Infection Control Findings

Highest Percentage of High-Risk Findings and findings evaluated for Immediate Threat to Health and Safety

Key Elements: Sterilization

Available Supplies	Manufacturer Instructions for Use Followed	Competent Employees	Infection Prevention and Control	Staff Accountability

• Manufacturer's Instructions For Use (MIFU) available
• Supplies necessary for all steps of reprocessing
	• For all steps of the process
	  • Handling used items
	  • Cleaning
	  • Sterilization
	  • Documentation
	  • Storage
	  • Transporting
	• Conflicts within MIFU resolved
	• Conflicts between MIFUs resolved
		• Staff who perform sterilization are trained and competent
		• Staff who oversee process are competent to evaluate the process
			• Process to evaluate adherence to procedures	• Leadership hold staff accountable

Wide Variety of Instruments and Devices Used in Healthcare Settings

May be found in central locations or distributed to decentralized locations (e.g., ICU, ED, Ambulatory locations, etc.)

Operating Room
Interventional Platform
Labor & Delivery

Bedside procedures
Minor procedures

Specialty Services:
Dental
Podiatry
Gynecology
Endoscopy
Urology

- Single use vs. reusable
- Varying levels of disinfection/sterilization required
- Varying levels of complexity
- Wide variation in reprocessing instructions

What Level of Reprocessing is Required for Instruments and Devices?

Intended use Drives MINIMUM Reprocessing: FDA Uses Spaulding

Level	Risk of Infection	Description of Intended Use	Examples of Items	Reprocessing Methods
Critical	High	Item comes in contact with or enters sterile tissue, sterile body cavity, or the vascular system	Surgical and dental instruments, some endoscopes, inner surfaces of hemodialyzers, urinary catheters, biopsy forceps, implants, and needles	Sterilization
Semi-Critical	Moderate	Itemcomes in contactwith mucous membrane or non-intact skin	Respiratory therapy and anesthesia equipment, some endoscopes, laryngoscope blades, esophageal manometry probes, vaginal ultrasound probes and specula, and diaphragm fitting rings	Minimum: High Level Disinfection (sterilization may be needed in certain cases*)
Non-critical	Low	Item comes in contact with skin	Patient care Items: bedpans, blood pressure cuffs, crutches, incubators Environmental Surfaces: bed rails, bedside tables, patient furniture, counters, and floor	Clean or disinfect

What is a Single-use Device?

Labeling Recommendations for Single-Use Devices Reprocessed by Third Parties and Hospitals; Final Guidance for Industry and FDA

"Single-use d… erred to as a disposable devi… during a single procedure… cleaned, disinfected… **or may not ide… does no… sposable and ssing**."

If you are unsure if an item is single use or reusable
Contact the Manufacturer for Clarification

https://www.fda.gov/regulatory-inform… -fda-guidance-documents/labeling-recommendations-single-use-devices-reprocessed-third-parties-and-hospitals

Manufacturer's Instructions for Use (IFU)

- Most items utilized throughout the steps of reprocessing will have IFUs
  - Instruments/Devices, Equipment
  - Cleaning accessories, Accessories used for reprocessing
  - Process indicators
- Provides inst cleaning, disinfection a em is not longer suitable for
- Compatible c cts and processes
  - May have instru use (e.g., used for semi-critical procedure, IFU only pro s for sterilization

If there is a conflict within a MIFU or between MIFUs for items, or if a MIFU contains unclear or ambiguous information **Contact the Manufacturer for Clarification**

May be ambiguous or contain conflicting information

Know your Instruments, Devices and Equipment

This is Critical

- Validate the type of sterilization cycle that your sterilizer uses
  - Gravity Displacement
  - Dynamic Air Removal (Prevac, Steam Flush Pressure Pulse)
- Follow the MIFU of the instruments/devices being sterilized based on the type of sterilizer in use

One standard sterilization cycle/parameters may not be sufficient for reprocessing the different types of instruments and devices being sterilized

Sterilization: Manufacturer's Instructions for Use (MIFU)

MIFU not available

Supplies not available

MIFU not followed

- Non-approved/incompatible supplies used
- Missing steps of the process
- Steps of the process performed incorrectly
- **Sterilization cycle parameters not met per MIFU of instrument/device**
- Instruments, devices and/or equipment not stored per MIFU

Observations: Instruments/ Devices Not Appropriate for Sterilization

Single Use Devices

Instruments in Disrepair

- Oxidized
- Chipped
- Cracked
- Discolored

Instrument Tape / Coating

- Not properly applied
- Chipped, cracked

Sterilization of Non-Medical Items

Staff Can't Identify Instruments that should not be used

Observations:
MIFU Conflicts and Clarifications

Unclear MIFU not clarified

Conflicts within MIFU not clarified

- MIFU does not contain instructions for level of reprocessing based on intended use of the item

MIFU between instruments /sterilization accessories used not clarified

- Cycle parameters

Immediate Use Steam Sterilization

- MIFU of instrument / device does not include IUSS cycle parameters
- All steps of cleaning / decontamination not performed prior to IUSS
- Unresolved conflict between MIFU for instruments / devices and sterilization accessories
- IUSS used routinely

Key Elements – High Level Disinfection

Available Supplies	• MIFU available • Supplies necessary to decontaminate and perform high level disinfection available
Manufacturer Instructions for Use Followed	• For all steps of the process • From point of use through storage • Resolve conflicts
Competent Employees	• Staff who perform HLD are trained and competent • Staff who oversee process are competent to evaluate the process
Infection Prevention and Control Involvement	• Process to evaluate adherence to procedures
Staff Accountability	• Leadership hold staff accountable

Observations:
High Level Disinfection

Precleaning

- Enzymatic solution not used as per manufacturer's instructions for use (MIFU)

High Level Disinfection

- Minimum Effective Concentration (MEC) of the disinfectant not tested per MIFU
- **Manufacturer required minimum temperature of HLD solution not met at the time of use**
- **Probe not soaked in high level disinfectant for the minimum amount of time specified by MIFU**

Storage

- High level disinfected speculum stored in a dirty drawer

Transport

- Soiled probe carried by hand from the patient room, down the hall to the soiled utility room

Failure to follow the manufacturers instructions for use at any point in the process can lead to issues such as:	
Altered functionality of the instrument, device or equipment	Inability to high level disinfect or sterilize the instrument, device or equipment

IC.02.02.01 EP1:
Low and Intermediate Level Disinfection

Product selection

Contact time

Observations:
Blood Glucose Monitoring Supplies

Single patient use blood glucose monitoring supplies used for multiple patients

- Glucometer
- **Lancet holding device (fingerstick device)**

Glucometer not cleaned and disinfected per manufacturer's instructions for use

- Disinfectant product not approved per glucometer MIFU
- **Equipment not disinfected after each use**
- Equipment not fully disinfected as per MIFU (only port wiped)

Disinfectant not used as per MIFU

- Contact time not observed

Lancet Holding Device (Fingerstick Device)

CDC CLINICAL REMINDER

Use of Fingerstick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens

Summary: The Centers for Disease Control and Prevention (CDC) has become increasingly concerned about the risks for transmitting hepatitis B virus (HBV) and other bloodborne pathogens to persons undergoing fingerstick procedures for blood sampling -- for instance, persons with diabetes who require assistance monitoring their blood glucose levels. Reports of HBV infection outbreaks linked to diabetes care have been increasing[1,2,3]. This notice serves as a reminder that fingerstick devices should never be used for more than one person.

Background

Fingerstick devices are devices that are used to prick the skin and obtain drops of blood for testing. There are two main types of fingerstick devices: those that are designed for reuse on a single person and those that are disposable and for single-use.

Figure 1: Reusable fingerstick devices*

- **Reusable Devices:** These devices often resemble a pen and have the means to remove and replace the lancet after each use, allowing the device to be used more than once (see **Figure 1**). Due to difficulties with cleaning and disinfection after use and their link to numerous outbreaks, CDC recommends that these devices never be used for more than one person. If these devices are used, it should only be by individual persons using these devices for self-monitoring of blood glucose.

- **Single-use, auto-disabling fingerstick devices:** These are devices that are disposable and prevent reuse through an auto-disabling feature (see **Figure 2**). In settings where assisted monitoring of blood glucose is performed, single-use, auto-disabling fingerstick devices should be used.

Figure 2: Single-use, disposable fingerstick devices*

The shared use of fingerstick devices is one of the common root causes of exposure and infection in settings such as long-term care (LTC) facilities, where multiple persons require assistance with blood glucose monitoring. Risk for transmission of bloodborne pathogens is not limited to LTC settings but can exist anywhere multiple persons are undergoing fingerstick procedures for blood sampling. For example, at a health fair in New Mexico earlier this year, dozens of attendees were potentially exposed to bloodborne pathogens when fingerstick devices were reused to conduct diabetes screening.

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion (DHQP)

CDC

https://www.cdc.gov/injectionsafety/fingerstick-devicesbgm.html

Standard Precautions

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Use Standard Precautions to care for all patients in all settings.
Standard Precautions include:

- 5a. Hand hygiene
- 5b. Environmental cleaning and disinfection
- 5c. Injection and medication safety
- 5d. Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
- 5e. Minimizing Potential Exposures (e.g. respiratory hygiene and cough etiquette)
- 5f. Reprocessing of reusable medical equipment between each patient and when soiled

https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html

Key Elements: Standard Precautions

Resources	Supplies Protocols
Employees Trained	Employees know when standard precautions apply, are trained to use supplies or products and are trained on protocols
Standard Precautions Implemented	At clinically appropriate times Implemented as intended
Procedures Enforced	Monitoring and feedback provided
Action Taken When Issues are Identified	If identified as an issue, improve use

Observations: Standard Precautions

Standard Precautions Not Performed

- Hand hygiene not performed after glove removal
- Gloves not worn when obtaining blood for blood glucose monitoring

Supplies not available

Process, procedure or policy unclear

Lack of accountability

Key Elements: Personal Protective Equipment

Exposure Control Plan

Written document guides PPE Program

Risk assessed and updated annually

PPE Available

Types appropriate for exposure

Sized to fit healthcare workers

Available in locations of use

Trained Employees

Employees know why specific type of PPE should be used

Employees are competent to choose

Employees trained to don, doff, and discard or disinfect

Use Enforced

Monitoring and feedback provided

Employees use PPE

Action Taken When Issues are Identified

If identified as an issue, improve use

Observations:
Personal Protective Equipment

Personal Protective Equipment (PPE) not worn

- OSHA hazard assessment not performed
- Process, procedure or policy unclear
- Supplies were not available
- Staff were untrained
- Lack of accountability

Staff did not correctly don and doff PPE

- Staff member did not don PPE per MIFU
- Employees were removing PPE in a manner that could contaminate themselves or the environment.

Re-usable PPE not reprocessed as required by manufacturer's instructions for use

- Staff were not trained to clean and disinfect reusable PPE

Key Elements: CDC Standard Precautions - Medication and Injection Safety

Activities Align with Requirements

- Laws, Codes and Regulation
- Manufacturer's Instructions for Use

Supplies Available

Observed Activities Align with Organizational Processes, procedures or policies

Interventions/Activities Implemented

- Included relevant organizational components and functions
- Training, education and/or competency

Observations: Standard Precautions – Injection and Medication Safety

Injection Safety

- Failure to swab the top of vials before access
- Multidose vials taken into patient treatment area
- Utilization of single patient IV fluids to make flush syringes

5c. Injection and Medication Safety References and resources: 11, 17-20	1. Use aseptic technique when preparing and administering medications 2. Disinfect the access diaphragms of medication vials before inserting a device into the vial 3. Use needles and syringes for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens). 4. Enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient. 5. Ensure single-dose or single-use vials, ampules, and bags or bottles of parenteral solution are used for one patient only. 6. Use fluid infusion or administration sets (e.g., intravenous tubing) for one patient only 7. Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (e.g., operating room, patient room/cubicle) 8. Wear a facemask when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia)

Key Elements – Storage

Supplies

No expired supplies available for use

Items are Stored in Manner to Protect from Contamination

No visible soil

Clear separation of clean and soiled

Staff access supplies with clean hands

Items are Stored in a Manner to Maintain the Integrity of the Packaging

Following MIFU

Observations - Storage

Expired supplies

- Expired patient care supplies in storage room

Location of storage soiled

- Visible dirt in drawer where medical supplies were stored

Clean and soiled supplies, devices or equipment co-mingled

- Clean biohazard bin stored unprotected in soiled utility room

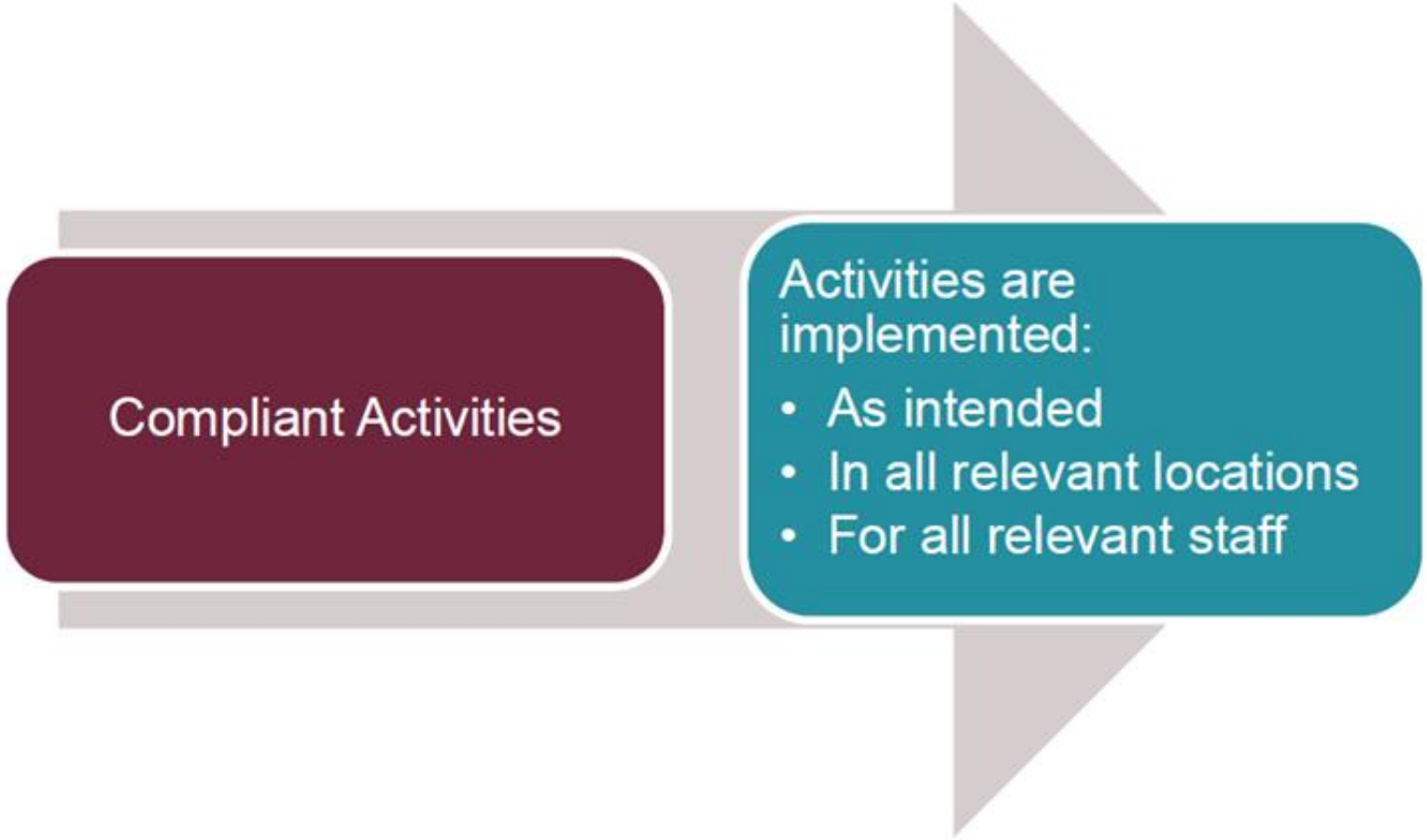
Package integrity not maintained

- Holes in packaging
- Tears in packaging
- Package had evidence of being wet

Lack of staff accountability

- Staff witnessed accessing clean supply cabinet with soiled hands
- Staff witnessed accessing clean supply cart with gloves worn during patient care

IC.02.01.01 EP1: Implement Infection Control Activities



Approach to Assessing Compliance with Infection Prevention and Control Requirements

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Observations:
Infection Prevention and Control Activities

Not following regulations/requirements

- State food code or requirements for laundering or healthcare linen

Not following MIFU

- Failure to use skin preparation products and antiseptics in a manner consistent with manufacturer's instructions for use

Not following organization process, procedure and policy

- Staff not following the organizations OR attire policy

Not implemented for all relevant components / functions

Lack of staff accountability

Infection Control Activities: Could This Get Scored During Survey?

Scenario 1:

Does The Joint Commission prohibit healthcare workers from wearing gel nail polish?

Scenario 2:

If during survey, my organization has a policy that states I must reprocess unused scopes/probes every 7 days (even if the manufacturer does not require reprocessing of unused scopes/probes), and the surveyor observes a scope or probe in storage that was last reprocessed 9 days ago, could we be cited for non-compliance?

Scenario 3:

If our organization's policy states that we allow fabric head coverings in the Operating Room, will we be cited for non-compliance? How about covered arms?

Are fans allowed in patient care areas, laboratories, or other support areas in an organization?

Print

Fans - Patient Care Areas

Are fans allowed in patient care areas, laboratories, or other support areas in an organization?

Back to FAQs

Any examples are for illustrative purposes only.

There are no specific Joint Commission standards that prohibit the use of fans. While fans may be used for additional comfort of the patient, such as those with respiratory distress or post cardiac surgery, they may indicate to surveyors that a temperature control or ventilation problem exists, as described by EC.02.05.01. Space temperature issues can impact equipment, patient testing results, and overall patient care. This concern usually arises after adding equipment or use of the space without increasing the capability of space cooling/ventilation. The organization should perform a risk assessment per EC.02.01.01 that includes the most appropriate persons available to the organization.

Examples of assessment concerns could include:

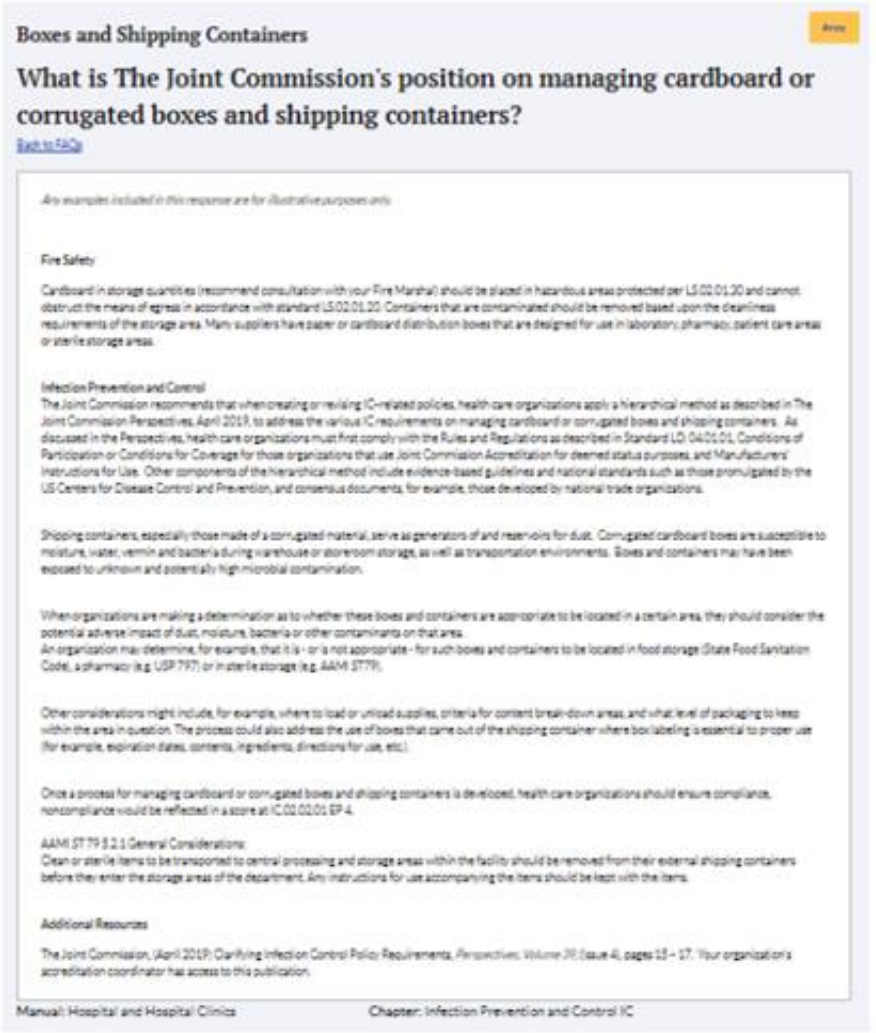
- Risks pertinent to the needs of the patient
- Ventilation and/or temperature concerns for equipment
- Airborne particles/contamination that may impact patient care, procedure/treatment processes or equipment operation; maintaining the cleanliness of fan blades/housing; possible tripping hazard(s) created by cords; etc.

Infection control should be a key element in the assessment process. The survey process will evaluate the risk assessment for effectiveness and validate proper implementation of the resulting policy/practice. Adjustments to the implemented process are to be made as needed.

Manual: Hospital and Hospital Clinics **Chapter:** Environment of Care EC

https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/environment-of-care-ec/000001276/

What is The Joint Commission's position on managing cardboard or corrugated boxes and shipping containers?



Boxes and Shipping Containers

What is The Joint Commission's position on managing cardboard or corrugated boxes and shipping containers?

Back to FAQs

Any examples included in this response are for illustrative purposes only.

Fire Safety

Cardboard in storage quantities (recommend consultation with your Fire Marshal) should be placed in hazardous areas protected per LS.02.01.20 and cannot obstruct the means of egress in accordance with standard LS.02.01.20. Containers that are contaminated should be removed based upon the cleanliness requirements of the storage area. Many suppliers have paper or cardboard distribution boxes that are designed for use in laboratory, pharmacy, patient care areas or sterile storage areas.

Infection Prevention and Control

The Joint Commission recommends that when creating or revising IC-related policies, health care organizations apply a hierarchical method as described in The Joint Commission Perspectives, April 2019, to address the various IC requirements on managing cardboard or corrugated boxes and shipping containers. As discussed in the Perspectives, health care organizations must first comply with the Rules and Regulations as described in Standard LD.04.01.01, Conditions of Participation or Conditions for Coverage for those organizations that use Joint Commission Accreditation for deemed status purposes, and Manufacturers' Instructions for Use. Other components of the hierarchical method include evidence-based guidelines and national standards such as those promulgated by the US Centers for Disease Control and Prevention, and consensus documents, for example, those developed by national trade organizations.

Shipping containers, especially those made of a corrugated material, serve as generators of and reservoirs for dust. Corrugated cardboard boxes are susceptible to moisture, water, vermin and bacteria during warehouse or storeroom storage, as well as transportation environments. Boxes and containers may have been exposed to unknown and potentially high microbial contamination.

When organizations are making a determination as to whether these boxes and containers are appropriate to be located in a certain area, they should consider the potential adverse impact of dust, moisture, bacteria or other contaminants on that area.
An organization may determine, for example, that it is - or is not appropriate - for such boxes and containers to be located in food storage (State Food Sanitation Code), a pharmacy (e.g. USP 797) or in sterile storage (e.g. AAMI ST79).

Other considerations might include, for example, where to load or unload supplies, criteria for content break-down areas, and what level of packaging to keep within the area in question. The process could also address the use of boxes that came out of the shipping container where box labeling is essential to proper use (for example, expiration dates, contents, ingredients, directions for use, etc.).

Once a process for managing cardboard or corrugated boxes and shipping containers is developed, health care organizations should ensure compliance; noncompliance would be reflected in a score at IC.02.02.01 EP 4.

AAMI ST 79 5.2.1 General Considerations:
Clean or sterile items to be transported to central processing and storage areas within the facility should be removed from their external shipping containers before they enter the storage areas of the department. Any instructions for use accompanying the items should be kept with the items.

Additional Resources

The Joint Commission, (April 2019) Clarifying Infection Control Policy Requirements, *Perspectives*, Volume 39 Issue 4, pages 13 – 17. Your organization's accreditation coordinator has access to this publication.

Manual: Hospital and Hospital Clinics Chapter: Infection Prevention and Control (IC)

https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/infection-prevention-and-control-ic/000002145/

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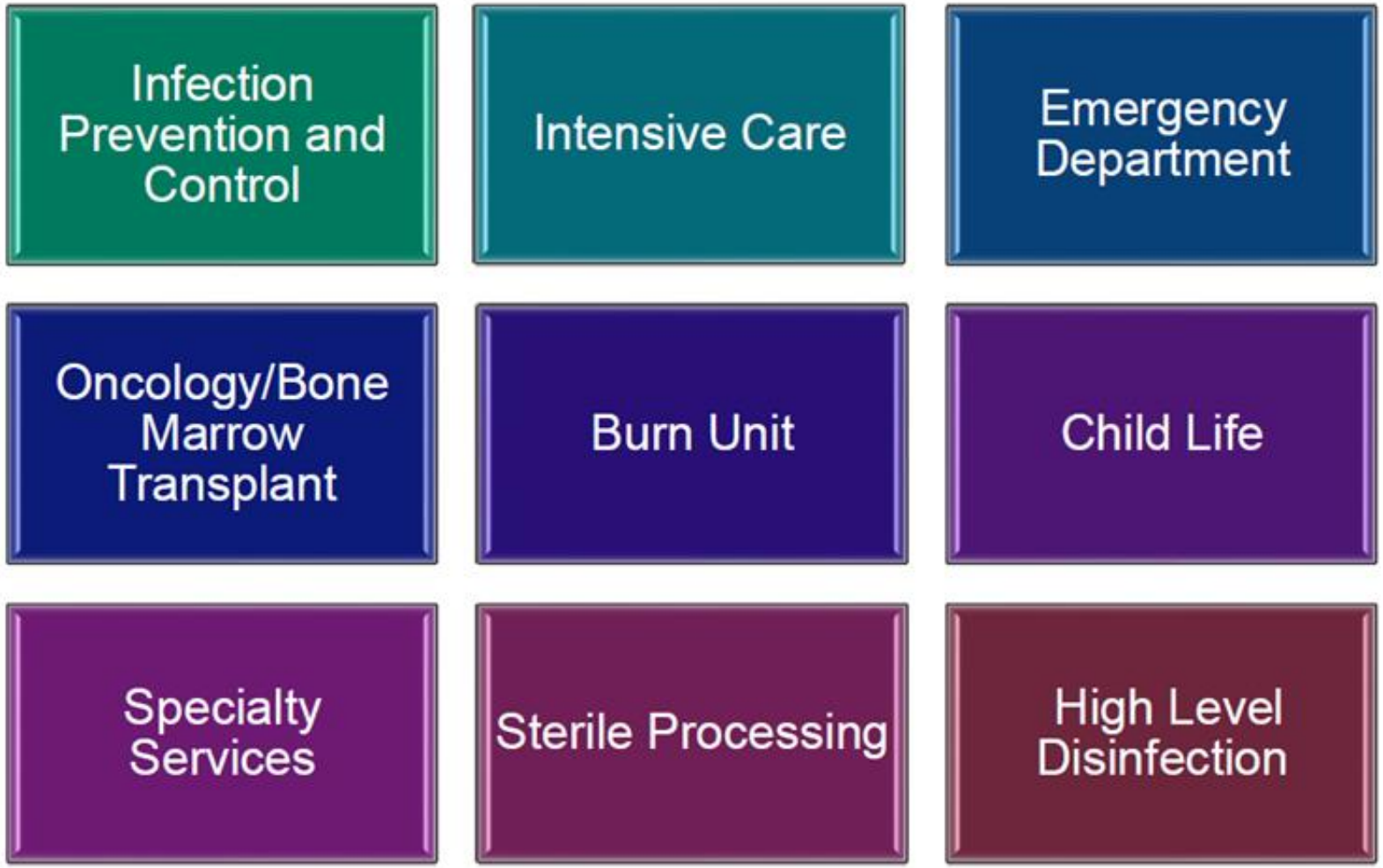
Supporting Your Infection Prevention and Control Program

There Are Many Specialized Services Provided in Healthcare Which May Have Infection Control Implications



What Does the Person Responsible for the Management of Infection Prevention and Control Activities Need to Know?

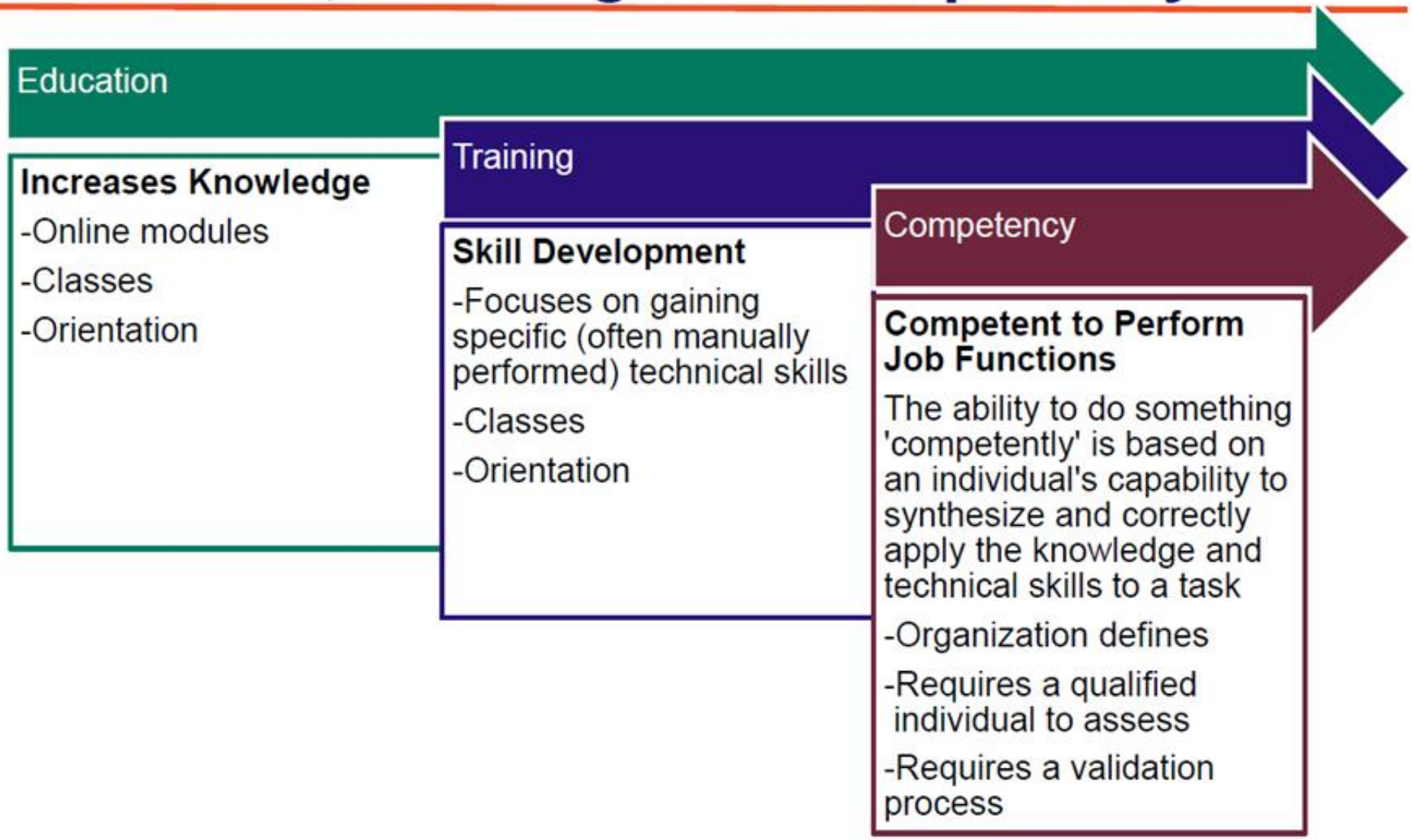
All settings have basic Infection Prevention and Control needs

- Regulatory compliance
- Risk assessment
- Standard Precautions
- Transmission-based precautions
- Cleaning and Disinfection

Some settings provide additional care, treatment and/or services:

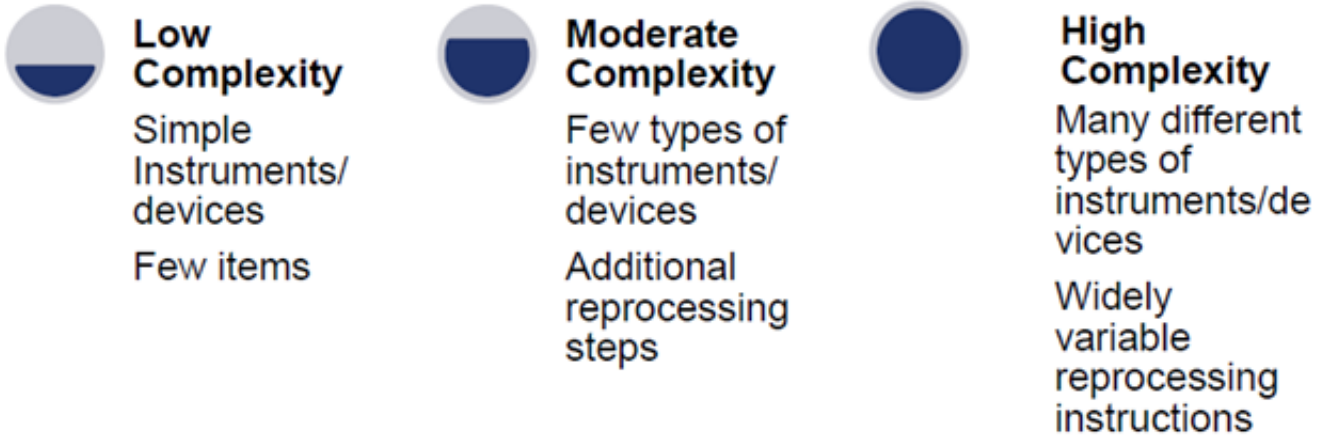
- Sterilization
- High level disinfection
- Specialty Services
- Specialty populations

Education, Training and Competency



Staff Who Reprocess Devices and Instruments

- Devices, Instruments and Accessories



- Education, training and competency may look different based on the types of items that are reprocessed and accessories and equipment needed

A one size fits all approach may not be appropriate!

Process Oversight

Organization determines if processes should be monitored

Person Assigned to Oversight

Are they competent to provide oversight

Are staff held accountable

Critical Elements of Implementation

- Resource Availability
- Education, Training and Competency
- Staff Accountability
- Oversight of Critical Activities
- Activities Implemented in All Relevant Locations
- Activities Implemented for All Relevant Staff

Safety Culture

- Leaders can build safety cultures by readily and willingly participating with care team members in initiatives designed to develop and emulate safety culture characteristics.

- Effective leaders who deliberately engage in strategies and tactics to strengthen their organization's safety culture see safety issues as problems with organizational systems, not their employees, and see adverse events and close calls ("near misses") as providing "information-rich" data for learning and systems improvement.

Sentinel Event Alert

A complimentary publication of The Joint Commission
Issue 57, March 1, 2017 Revised June 10, 2021 (in red)

The essential role of leadership in developing a safety culture

In any health care organization, leadership's first priority is to be accountable for effective care while protecting the safety of patients, employees, and visitors. Competent and thoughtful leaders[1] contribute to improvements in safety and organizational culture.[1,2] They understand that systemic flaws exist and each step in a care process has the potential for failure simply because humans make mistakes.[3,4] James Reason compared these flaws – latent hazards and weaknesses – to holes in Swiss cheese. These latent hazards and weaknesses must be identified and solutions found to prevent errors from reaching the patient and causing harm.[3] Examples of latent hazards and weaknesses include poor design, lack of supervision, and misunderstanding or maintenance defects.

The Joint Commission's Sentinel Event Database reveals that leadership's failure to create an effective safety culture is a contributing factor to many types of adverse events – from wrong site surgery to delays in treatment.[5]

In addition, through the results of its safety initiatives, The Joint Commission Center for Transforming Healthcare has found inadequate safety culture to be a significant contributing factor to adverse outcomes. Inadequate leadership can contribute to adverse events in various ways, including but not limited to these examples:

- Insufficient support of patient safety event reporting[6]
- Lack of feedback or response to staff and others who report safety vulnerabilities[7]
- Allowing intimidation of staff who report events[8]
- Refusing to consistently prioritize and implement safety recommendations
- Not addressing staff burnout[9,10]

In essence, a leader who is committed to prioritizing and making patient safety visible through every day actions is a critical part of creating a true culture of safety.[11] Leaders must commit to creating and maintaining a culture of safety; this commitment is just as critical as the time and resources devoted to revenue and financial stability, system integration, and productivity. Maintaining a safety culture requires leaders to consistently and visibly support and promote everyday safety measures.[12] Culture is a product of what is done on a consistent daily basis. Hospital team members measure an organization's commitment to culture by what leaders do, rather than what they say should be done.

The Joint Commission

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https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-57-safety-culture-and-leadership-final2.pdf

Summary

Follow the hierarchical approach to ensure compliance with IC standards

Provide the necessary resources

Ensure a culture of safety in which staff are held accountable to perform their job functions correctly, to ensure staff and patient safety

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Thank you for Keeping Patients Safe!

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2023 Events

All events will be held virtually, unless otherwise noted.

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Please complete the following survey to request your IPUs. Surveys will be downloaded and IPU certificates sent out once per week until February 1, 2024.

The survey question ranking interest in topics for 2024 webinars will be reviewed until February 1, 2024.

https://mdhhscd.qualtrics.com/jfe/form/SV_9mEH6xCv9p8NzWC

Session Recordings NOW AVAILABLE!

APIC-GL site – webinar slides

Our Events - APIC Chapter 077 - Great Lakes

YouTube channel– webinar recordings

APIC Great Lakes - YouTube

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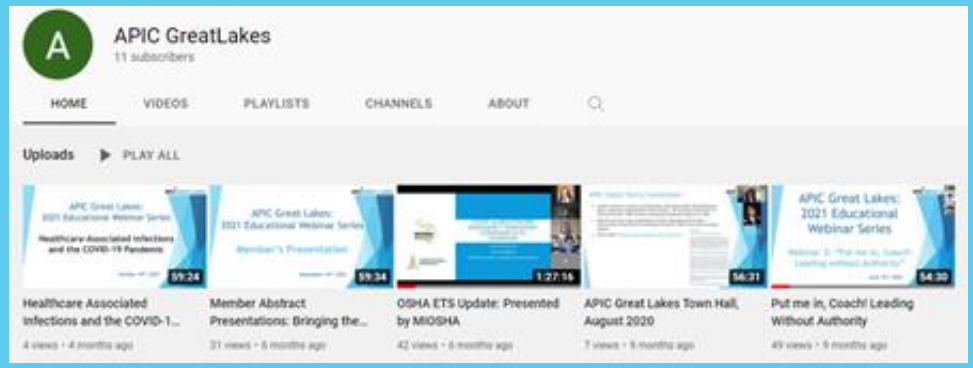

Job Postings

If you have an open position you would like to post to the APIC-GL webpage, please email Rebecca Battjes (Rebecca.battjes@diversey.com)

Link to job board

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Thank you for joining us today!