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The Joint Commission: Infection Prevention and Control Challenges and Strategies for Success



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Program Objectives

Discuss

Discuss the top 2023 Infection Control noncompliant standards

Provide

Provide examples for how to identify the root cause of non-compliance with the Infection Control Standards

Clarify

Clarify the expectations of the Infection Control standards

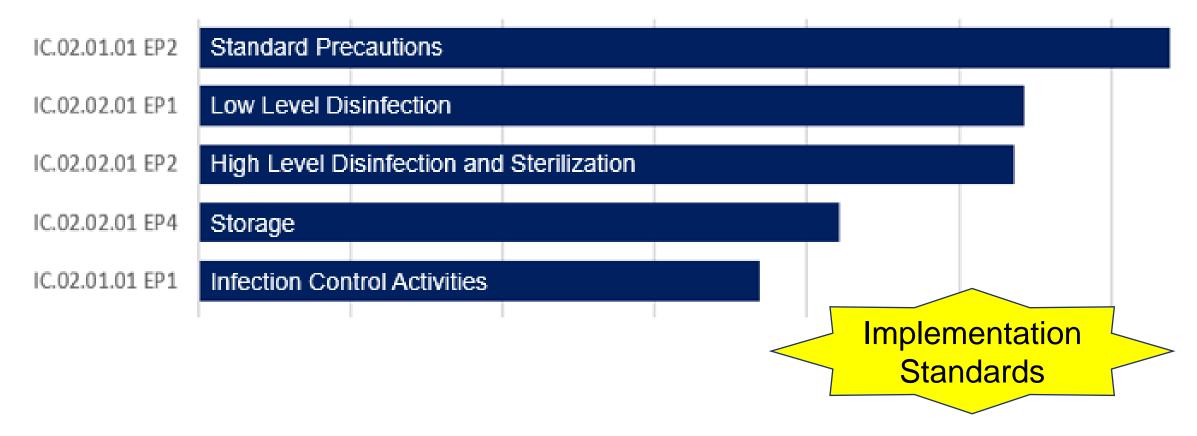
Review

Review strategies for how your organization can support Infection Prevention and Control initiatives and activities



Top Infection Control Findings: 2023

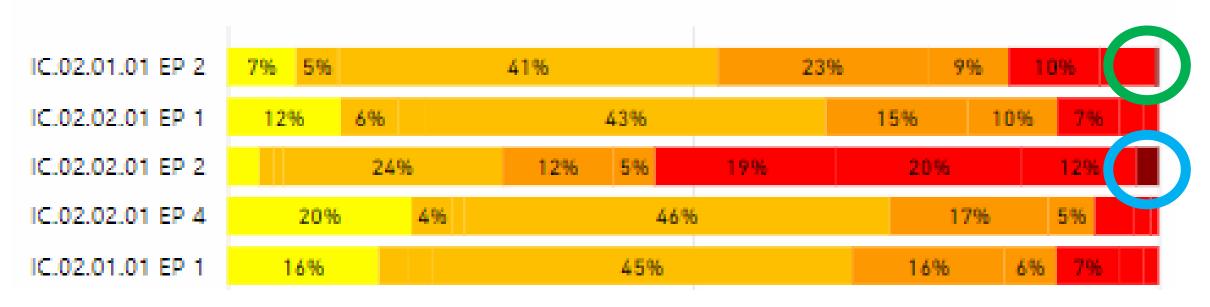
Top 5 Infection Control Findings: All Programs 2023





Safer Placement Top 5 Infection Control Findings: All Programs 2023

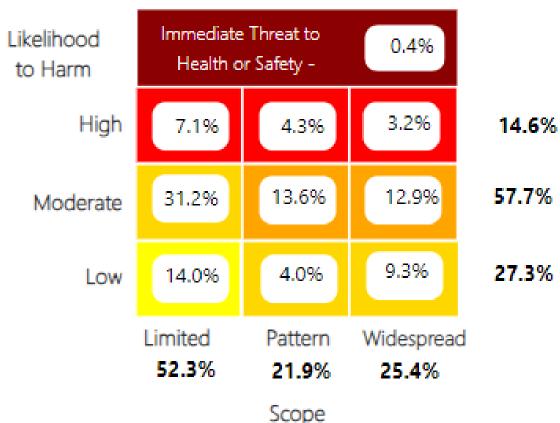






Safer Matrix Scoring All IC Findings: All Programs 2023

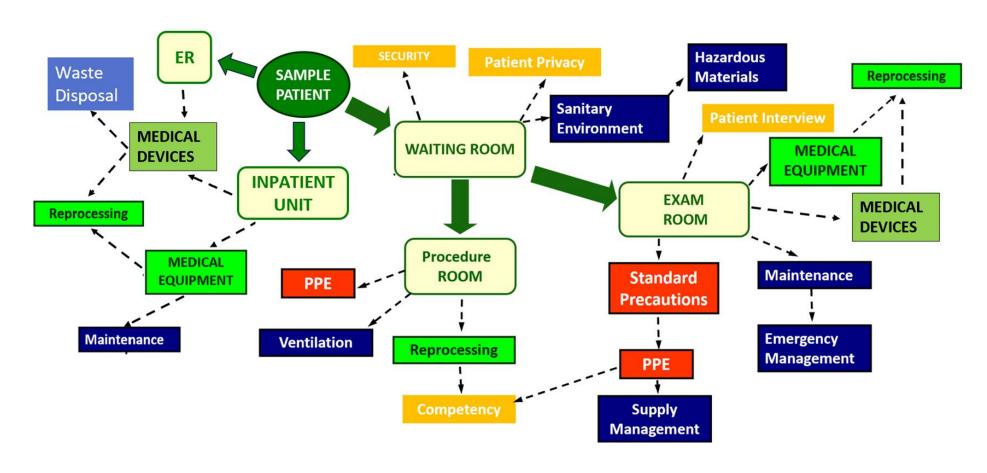






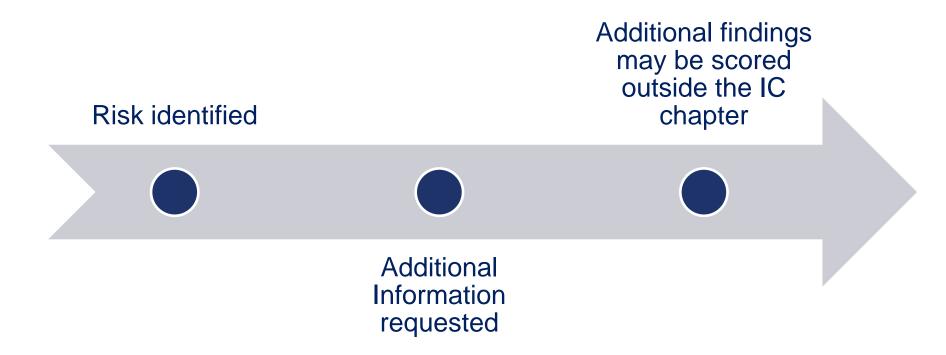
Evaluating the Implementation of Infection Control Activities

Tracer Methodology is Used to Identify Risks





Evaluating Identified Risks





What is the Root Cause?



Resources

Accountability

Process Development

Process Oversight



Education/Training/Competency

There May be Additional Opportunities Identified when Investigating a Risk

Resources

Information
Equipment and
Supplies

Leadership

Activity
Management
Oversight

Human resources

Education

Training

Competency



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

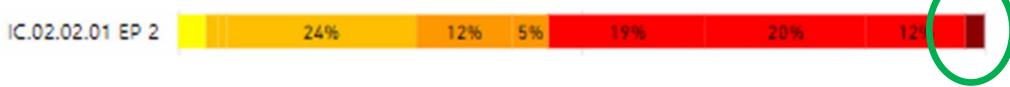
IC.02.02.01 EP2:

Sterilization and High-Level Disinfection

#1 on the Most Frequently Cited Higher-Risk Accreditation Requirements 2023

♦ HAP, CAH, AHC, OBS

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





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	Item comes in contact with 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



Key Elements: Sterilization









Available Resources

Manufacturer's Instructions For Use (MIFU) available

Supplies necessary for all steps of reprocessing

Personal Protective Equipment

Manufacturer Instructions for Use Followed

For all steps of the process

- Handling used items
- Cleaning
- Sterilization
- Documentation
- Storage
- Transporting

Conflicts within MIFU resolved

Conflicts between MIFUs resolved

Competent Employees

Staff who perform sterilization are trained and competent

Staff who oversee process are competent to evaluate the process

Infection Prevention and Control

Process to audit adherence to policies, processes, procedures

Leadership Oversight

Leadership provide oversight and 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

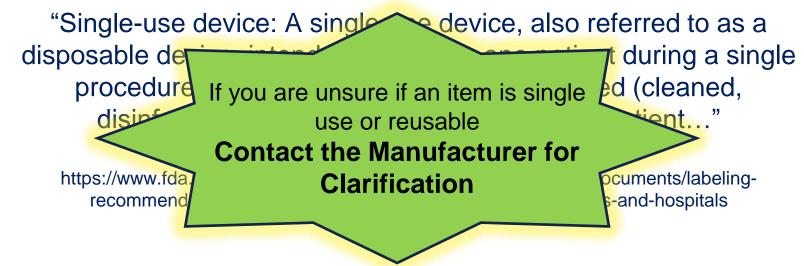
Varying levels of complexity

Wide variation in reprocessing instructions



What is a Single-use Device?

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





Manufacturer's Instructions for Use (MIFU)

Most items utilized throughout the steps of reprocessing will have IFUs

- Instruments/Devices, Equipment
- Cleaning accessories, Accessories used for reproces
- Process indicators

Provides instructions for sterilization, when the

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

Compatible disinfection/st

 May have instructions for reprocessing that surpass in provides instructions for sterilization) (e.g., used for semi-critical procedure, IFU only

ses

Section and/or

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



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



Frequently Cited Sterilization Observations

Manufacturer's Instructions for Use (MIFU) not available MIFU conflicts/ambiguity not clarified Supplies not available MIFU not followed Instruments/ devices not appropriate for sterilization Immediate Use Steam Sterilization



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 audit adherence to procedures

Leadership Oversight

Leadership provides oversight and holds staff accountable



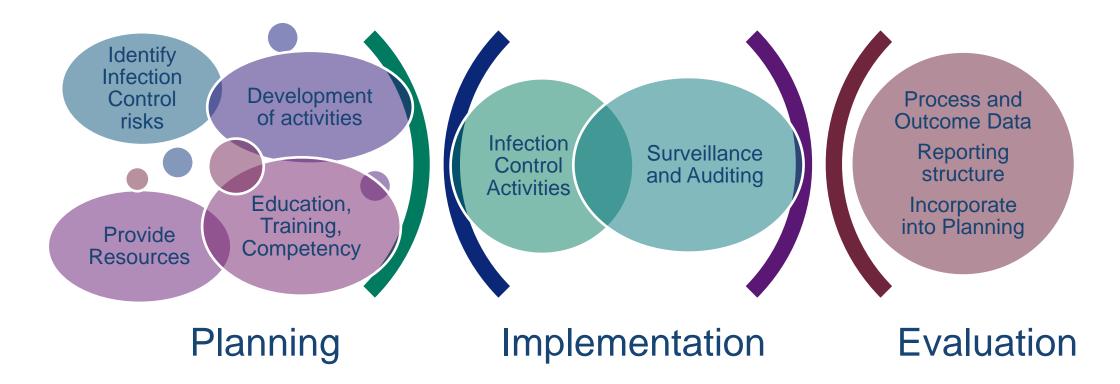
Frequently Cited High Level Disinfection Observations

Manufacturer's Instructions for Use (MIFU) not available Supplies not available MIFU not followed Not stored in a manner to protect from contamination/damage Contaminated probes not transported per OSHA Bloodborne Pathogen standard



Implementing Infection Prevention and Control Activities

Successful Implementation of Infection Control Activities is Multifactorial





What are Key Elements of Implementation that Surveyors are Looking for?

Process in Alignment with IC Hierarchy **Available Resources** Competent Employees Infection Prevention and Control Involvement **Leadership Oversight**



Standard Precautions

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

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 or when soiled



Frequently Cited Standard Precautions Observations

Hand Hygiene

- Supplies expired/not available
- Not performed at required times

Injection and Medication Safety

- Top of vial not swabbed
- Multidose vials accessed in a direct patient care area
- Fingerstick device Used for more than one patient

Personal Protective Equipment

PPE not worn when required

Minimizing Potential Exposures

- Supplies not stocked
- Staff not performing organization required screening for signs/symptoms of infectious diseases at point of entry



Implement Infection Control Activities

Compliant Activities

Activities are implemented:

- As intended
- In all relevant locations
- For all relevant staff



Frequently Cited Infection Control Activity Observations

Not following regulations/ requirements

- The dishwasher temperature was not monitored as required by state food code
- Washing of hospital linens lacked evidence of a process by which to achieve & maintain proper water temperatures required by state regulation

Not following MIFU

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

Not following organization process, procedure and policy

- Surgical staff was wearing earrings that were not covered as required by the facility Operating Room attire policy.
- The shared patient shower was not cleaned between patient uses as required by organizational policy.

Not implemented for all relevant components / functions

• The organization's attire policy was not enforced for all persons performing central line insertion, across multiple locations/departments in the organization.

Lack of Leadership Oversight

• Leaders did not effectively manage the implementation of Infection Control Activities



Frequently Cited Storage Observations

Scitt	Expired supplies	Expired urinary catheter insertion tray in storage room, available for patient use.
	Location of storage soiled	Visible dirt in drawer where laryngoscope blades were stored.
	Clean and soiled supplies, devices or equipment co-mingled	Clean supplies stored unprotected in soiled utility room.
	Package integrity not maintained	Holes, tears in packaging. Package had evidence of being wet.
	Leadership Oversight	Staff witnessed accessing clean supply cabinet or cart with soiled hands or gloves worn during patient care.



Low and Intermediate Level Disinfection The Joint Commission





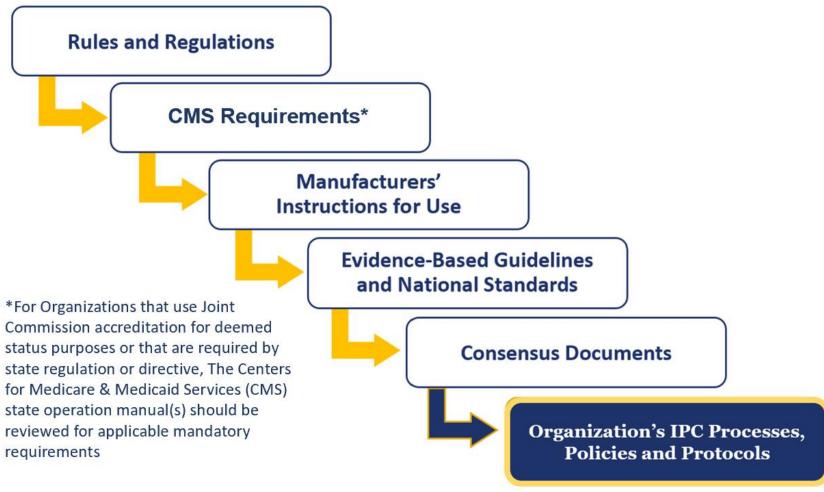
Product selection

Contact time



Supporting Your Infection Prevention and Control Program

Approach to Assessing Compliance with Infection Prevention and Control Requirements





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

Infection Emergency Prevention and Intensive Care Department Control Oncology/Bone **Burn Unit** Marrow Child Life Transplant Specialty High Level Sterile Processing Disinfection Services



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

Education **Training Increases Knowledge** Competency -Online modules **Skill Development** -Classes -Focuses on gaining **Competent to Perform** -Orientation specific (often manually Job Functions performed) technical skills The ability to do something -Classes 'competently' is based on -Orientation an individual's capability to synthesize and correctly apply the knowledge and technical skills to a task -Organization defines Requires a qualified individual to assess -Requires a validation process



Staff Who Reprocess Devices and Instruments

Devices, Instruments and Accessories



Low Complexity

Simple Instruments/ devices Few items



Moderate Complexity

Few types of instruments/ devices
Additional reprocessing steps



High Complexity

Many different types of instruments/de vices

Widely variable reprocessing instructions

 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.



Issue 57, March 1, 2017 Revised: June 18, 2021 (in red)

Published for Joint Commission-accredited organizations and interested health care professionals, Sentinel Event Alert identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future

Accredited organizations a Sentinel Event Alert when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternative

Please route this issue to appropriate staff within you organization. Sentinel Event Alert may be reproduced if credited to The Joint Commission. To receive by email, or to view past issues. 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* 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.3-5 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 6 Examples of latent hazards and weaknesses include poor design, lack of supervision, and manufacturing 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.

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

- Insufficient support of patient safety event reporting⁸
- · Lack of feedback or response to staff and others who report safety vulnerabilities8
- Allowing intimidation of staff who report events⁹
- · Refusing to consistently prioritize and implement safety recommendations
- Not addressing staff burnout^{10,11}

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.12 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. 13 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 accreditation manual glossary defines a leader as: "an individual who sets expectations, develops plans, and implements procedures to assess and improve the quality of the organization's governance, management, and clinical and support functions and processes At a minimum, leaders include members of the governing body and medical staff, the chief executive officer and other senior managers, the nurse executive, clinical leaders, and staff members in leadership positions within the organization.

Published by the Department of Corporate Communication



Summary



Follow the hierarchical approach to ensure compliance with IC standards



Provide the necessary resources and foundation to support implementation of Infection Control activities



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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Joint Commission Connect













Thank you for Keeping Patients Safe!

