Infection Prevention and Control Plan (The Joint Commission, 2018)

What We Know

› Healthcare-associated infections (HAIs; i.e., infections acquired while a patient is receiving medical care) are an important cause of morbidity and mortality

• The incidence of HAIs is increasing due to several factors, including an aging population, the emergence or reemergence of antibiotic resistant microorganisms, and the increasing use of complex therapeutic interventions

– In 2017, The Joint Commission (TJC) implemented the Antibiotic Stewardship Programs requiring facilities to document and describe policies and procedures that are aligned with the United States CDC Core Elements of Hospital Antibiotic Stewardship Programs for reducing antibiotic use. Facilities must use system tracer activity to manage data and report progress

• An estimated 722,000 HAIs occurred in acute care hospitals in the U.S. in 2011, resulting in about 75,000 deaths. Pneumonia is the most common HAI, affecting 157,500 hospitalized patients in 2011; other common HAIs were gastrointestinal illnesses (123,100), urinary tract infections (93,300), bloodstream infections (71,900), and surgical-site infections (157,500)

• Statistics such as these highlight the need for hospitals to develop individualized infection prevention and control plans and have led regulatory and accrediting bodies—including TJC—to develop standards to address this need

› TJC is a national, non-profit organization that accredits and certifies more than 21,000 U. S. healthcare organizations. TJC develops scoring requirements to guide healthcare organizations in achieving accreditation and improving the quality of healthcare. Each standard is supported by a rationale and includes several elements of performance (EPs; i.e., specific actions, structures, or activities that are designed to help meet the standard)

• Healthcare organizations are evaluated according to standards that are developed with input from healthcare clinicians and other professionals, consumers, experts in certain subject matters, focus groups, and governmental agencies

– TJC standards are based on results of current research findings; new standards that are added must be readily measurable, meet or surpass current healthcare regulations, positively affect health outcomes, and be related to either quality of healthcare or patient safety

› TJC standards for planning regarding infection prevention and control were formulated to help hospitals develop and maintain effective programs that cover a wide range of situations and lead to improvements in patient safety and quality of care. The standards for infection control and prevention planning, implementation, and follow up are as follows:

• Planning (Standards IC.01.01.01 through IC.06.01)

– Responsibility (IC.01.01.01): This standard states that hospital leadership must identify the individual(s) who are responsible for the infection prevention and control program

- The responsible person(s) has/have clinical authority over the program
- If the person(s) with clinical authority over the program lack expertise in infection prevention or control, he/she/they consult with an individual who has the requisite knowledge in order to make well-informed decisions.
- The hospital must identify the person(s) who are responsible for the day-to-day management of the program.
- In hospitals that use TJC accreditation for deemed status purposes (i.e., to meet Medicare and Medicaid certification requirements), the individual with clinical authority over the program is responsible for:
  - developing and implementing policies regarding overseeing the control of infections and communicable diseases;
  - developing a system for identifying, reporting, investigating, and controlling infections and communicable diseases.
- Resources (IC.01.02.01): This standard states that hospital leaders must allot the resources that are necessary to develop and implement the infection prevention and control plan.
- The hospital must provide access to the information that is needed to support the development and implementation of the program.
- The hospital must provide the laboratory resources that are necessary to support the plan.
- The hospital must provide the equipment and supplies that are necessary to support the plan.
- Risks (IC.01.03.01): This standard states that the hospital must identify risks for acquiring and transmitting infections.
  - These risks are determined based on the hospital’s geographic location, community, and population served; the range of care, treatment, and services provided; and analysis of surveillance activities and other infection control data.
  - Evaluation of these risks should be conducted annually or whenever significant changes occur.
  - This process should seek input from infection control personnel, medical staff, nursing, and leadership.
- Hospitals must prioritize and document the identified risks.
- Goals (IC.01.04.01): This standard states that the hospital must use the identified risks to set goals to minimize the risk of transmitting infections.
  - Hospitals must have written infection prevention and control goals that include:
    - addressing its prioritized risks;
    - limiting unprotected exposure to pathogens;
    - limiting the transmission of HAIs by associated procedures;
    - limiting the transmission of HAIs related to the use of medical equipment, devices, and supplies;
    - improving compliance with guidelines for hand hygiene (for more information, see Evidence-Based Care Sheet: Adverse Healthcare Events: Prevention -- Overview of National Patient Safety Goals (NPSGs)).
- Activities (IC.01.05.01): This standard states that the hospital must have a written infection prevention and control plan.
  - The plan should be based on evidence-based national guidelines or, if guidelines are not available, on expert consensus.
  - Hospitals must establish descriptions of activities and surveillance to minimize, reduce, or eliminate the risk of infection.
  - All hospital components and functions must be incorporated in the plan.
  - The hospital must establish mechanisms for reporting infection surveillance and control data to external organizations.
  - Effective July 2016, the following EPs were deleted from the IC.01.05.01 standard because they were either duplicative of another EP or they were addressed as a routine part of operations or clinical care processes.
  - Hospitals that use TJC accreditation for deemed status purposes must have an infection prevention and control plan that includes a written description of activities—including surveillance—that are used to decrease infection risk; the process used to evaluate the plan; and the process used for investigating infectious disease outbreaks.
  - The hospital must have a procedure for communicating responsibilities for preventing and controlling HAIs to licensed independent practitioners, staff members, visitors, patients, and families; information for visitors, parents, and families must include details regarding practices for hand and respiratory hygiene; and information can be provided in different formats, including posters and pamphlets.
- Influx (IC.01.06.01): This standard states that the hospital must be prepare to respond to an influx of potentially infectious patients.
  - The hospital must identify resources (e.g., local, state, and federal public health systems) that can provide information about infections that might cause an influx of patients.
  - The hospital must obtain current clinical and epidemiologic information pertaining to emerging infections that could cause an influx of potentially infectious patients from identified resources.
  - Hospitals must have a written description of how they will communicate critical information to licensed independent practitioners and how they will respond to an influx of potentially infectious patients (including the possibility of not accepting these patients).

• Implementation (Standards IC.02.01.01 through IC.02.03.01)
Activities (IC.02.01.01): This standard states that the hospital must implement its infection prevention and control plan, including its implementation by
- surveillance
- use of standard precautions, including use of personal protective equipment
- use of specific transmission-based precautions in response to pathogens that are suspected of being or are determined to be the cause of HAIs in the hospital
- investigating outbreaks of infectious disease
- properly storing and disposing of infectious waste
- implementing procedures for communicating responsibilities regarding preventing and controlling HAIs to licensed independent practitioners, staff members, visitors, patients, and families
- reporting surveillance, prevention, and control data to appropriate hospital staff members
- reporting surveillance, prevention, and control data to local, state, and federal public health authorities in accordance with law and regulation
- informing the receiving organization in cases in which it becomes clear that an infectious or potentially infectious patient has been transferred to another facility
- informing the referring organization in cases in which it becomes clear that an infectious or potentially infectious patient has been received from that facility

Medical Equipment, Devices, and Supplies (IC.02.02.01): This standard states that the hospital must initiate strategies to reduce risk of HAIs related to medical equipment, devices, and supplies, including
- cleaning and performing low-level disinfection of medical equipment, devices, and supplies, including stethoscopes and blood glucose monitors
- performing intermediate- and high-level disinfection (HLD) and sterilization of medical equipment, devices, and supplies such as implants and surgical instruments
- properly storing medical equipment, devices, and supplies
- properly disposing of medical equipment, devices, and supplies
- following regulatory and professional standards when reprocessing single-use devices

Transmission of Infections (IC.02.03.01): This standard states that the hospital must initiate strategies to reduce risk for transmission of pathogens to patients, licensed independent practitioners, and hospital staff members, including by
- making screening tests available to licensed independent practitioners and hospital staff members who might be exposed to infectious agents in the workplace
- providing licensed independent practitioners and hospital staff members who have or are suspected of having a potentially transmittable infectious disease with assessment and potential testing, prophylaxis and/or treatment, counseling, or referral to these services
- providing patients who have been exposed to an infectious disease with assessment and potential testing, prophylaxis and/or treatment, counseling, or referral to these services

Influenza Vaccinations (IC.02.04.01): This standard states that the hospital must offer vaccination against influenza to licensed independent practitioners and hospital staff members
- The hospital should establish an annual influenza vaccination program for licensed independent practitioners and hospital staff members, educate licensed independent practitioners and hospital staff members about influenza prevention strategies, provide influenza vaccination in locations and at times that are accessible to licensed independent practitioners and hospital staff members, evaluate reasons given by licensed independent practitioners and hospital staff members for declining vaccination, and provide data regarding the rate of vaccination at least annually to leaders, licensed independent practitioners, nursing staff, and other staff members
- Hospitals that use TJC accreditation for deemed status purposes must include a plan to improve influenza vaccination rates in their infection prevention and control plan, set incremental goals for influenza vaccination that are consistent with achieving a 90% rate by 2020, have a written explanation of their methods for determining influenza vaccination rates, and improve their influenza vaccination rates according to established goals at least annually
- For more information, see Evidence-Based Care Sheet: Infection Prevention: Annual Influenza Immunization Program (The Joint Commission, 2018)

Evaluation and Improvement (Standard IC.03.01.01): This standard states that hospitals must evaluate the effectiveness of their infection prevention and control plan
- This evaluation should be performed annually and whenever risks significantly change
- The evaluation should include a review of the prioritized risks and goals of the plan as well as review of the implantation of plan activities
– The findings of the evaluations should be relayed to the person(s) who manage the patient safety program
– The findings of the evaluations should be used to revise the plan

› TJC can issue citations to facilities that practice immediate use (“flash”) sterilization. The flash sterilization method is banned from practice except for emergencies and facilities are encouraged to phase out the method. Tracking and analyzing motives for using flash sterilization are required to understand why the method is used among staff[2]

› IC.02.02.01 is the most commonly cited standard for noncompliance during TJC surveys. Citations typically result from[3]
  • lack of leadership
  • inadequate sterilization and HLD equipment training
  • disregard for following evidence-based protocols
  • lack of designated and competent staff assigned to sterilization and HLD
  • poor facility design

› Medical equipment management requires collaboration of all health care professionals and personnel. The Association of periOperative Registered Nurses (AORN) endorses guidelines for manual chemical high-level disinfection for reusable semi-critical devices (devices that touch non-intact skin or mucous membranes [e.g., endoscopes]). Automated HLD is the gold standard recommendation to promote patient and personnel safety[10]

› In 2015, the CDC endorsed the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations for the flexible endoscopy reprocessing program, including pre-cleaning, leak-testing, manual cleaning, visual inspection, disinfection or sterilization, storage, and documentation[5]

What We Can Do

› Learn about the TJC standards for establishing an infection prevention and control program so you can accurately assess areas in which your healthcare organization needs to make improvements to achieve each standard; share this information with your colleagues

› Collaborate with others in your workplace to develop and implement an infection prevention and control plan that adheres to TJC standards

Coding Matrix

References are rated using the following codes, listed in order of strength:

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
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<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
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<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<tr>
<td>C</td>
<td>Case histories, case studies</td>
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<td>G</td>
<td>Published guidelines</td>
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<td>RV</td>
<td>Published review of the literature</td>
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<td>RU</td>
<td>Published research utilization report</td>
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<td>QI</td>
<td>Published quality improvement report</td>
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<td>Published funded report</td>
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<td>PP</td>
<td>Policies, procedures, protocols</td>
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<tr>
<td>U</td>
<td>Unpublished research, reviews, poster presentations or other such materials</td>
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<tr>
<td>CP</td>
<td>Conference proceedings, abstracts, presentation</td>
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References

3. CMS, Joint Commission are citing for 'flash' sterilization. (2017). Hospital Infection Control & Prevention, 44(10), 1-2. (X)


