

Infection Prevention and Control Plan (The Joint Commission, 2014)

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^(1,3,4,5)
 - 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⁽⁵⁾
 - An estimated 1.7 million HAIs occur in the United States each year, resulting in about 99,000 deaths; of these deaths, about 36,000 are from pneumonia, 31,000 from bloodstream infections, 13,000 from urinary tract infections, 8,000 from surgical site infections, and 11,000 from infections at other sites^(1,4)
 - In the Medicare population in the United States, healthcare-associated bloodstream infections caused by *Staphylococcus aureus* accounted for healthcare costs of more than \$2.5 billion in 2005⁽¹⁾
 - 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 The Joint Commission (TJC)—to develop standards to address this need⁽³⁾
- › TJC is an independent, not-for-profit organization that is responsible for accrediting and certifying more than 20,000 healthcare organizations in the U.S.⁽²⁾
 - TJC evaluates healthcare organizations (e.g., ambulatory care facilities, hospitals, critical access hospitals [i.e., rural health facilities with ≤ 25 beds and lengths of stay ≤ 96 hours], home health agencies, long-term care facilities, laboratory services, practitioners' offices that provide office-based surgery) to verify that they consistently provide high-quality, safe, and effective care
 - 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:⁽³⁾
 - Planning (Standards IC.01.01.01 through IC.06.01)
 - Responsibility (IC.01.01.01): This standard states that the hospital 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

ICD-9
136.9

ICD-10
B99.9, Y95

Authors

Tanja Schub, BS

Cinahl Information Systems, Glendale, CA

Mary Woten, RN, BSN

Cinahl Information Systems, Glendale, CA

Reviewers

Darlene Strayer, RN, MBA

Cinahl Information Systems, Glendale, CA

Nursing Executive Practice Council

Glendale Adventist Medical Center,
Glendale, CA

Editor

Diane Pravikoff, RN, PhD, FAAN

Cinahl Information Systems, Glendale, CA

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- 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
 - Hospitals that use TJC accreditation for deemed status purposes 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 that use TJC accreditation for deemed status purposes 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 an 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 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
 - the process used for investigating infectious disease outbreaks
 - All hospital components and functions must be incorporated in the plan
 - 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
 - Information may be provided in different formats, including posters and pamphlets
 - The hospital must establish mechanisms for reporting infection surveillance and control data to external organizations
- Influx (IC.01.06.01): This standard states that the hospital must be prepared 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 may cause an influx of patients
 - The hospital must obtain clinical and epidemiologic information pertaining to emerging infections that could cause an influx of potentially infectious patients from identified resources
 - Hospitals that use TJC accreditation for deemed status purposes must have a written description of how they will respond to an influx of potentially infectious patients (including the possibility of not accepting these patients) and, if the hospital were to accept these patients, the methods they will use to manage these patients over the long term
 - The hospital must activate this plan when necessary
- 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 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 may 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
- 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 implementation 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

What We Can Do

- › Learn about the 2013 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:

M Published meta-analysis	RV Published review of the literature	PP Policies, procedures, protocols
SR Published systematic or integrative literature review	RU Published research utilization report	X Practice exemplars, stories, opinions
RCT Published research (randomized controlled trial)	QI Published quality improvement report	GI General or background information/texts/reports
R Published research (not randomized controlled trial)	L Legislation	U Unpublished research, reviews, poster presentations or other such materials
C Case histories, case studies	PGR Published government report	CP Conference proceedings, abstracts, presentation
G Published guidelines	PFR Published funded report	

References

1. Ambitious HHS action plan may be a landmark development for hospital infection prevention. (2009). *Hospital Infection Control & Prevention*, 36(2), 13-18. **(GI)**
2. The Joint Commission. (2013). *The Joint Commission*. Retrieved January 29, 2014, from <http://www.jointcommission.org> **(GI)**
3. The Joint Commission. (2014). Infection prevention and control (IC). *2014 Hospital accreditation standards*. Oakbrook Terrace: IL: Joint Commission Resources. **(G)**
4. Klevens, R. M., Edwards, J. R., Richards, C. L., Jr, Horan, T. C., Gaynes, R. P., Pollock, D. A., & Cardo, D. M. (2007). Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public Health Reports*, 122(2), 160-166. **(R)**
5. Reilly, J., Stewart, S., Allardice, G., Cairns, S., Ritchie, L., & Bruce, J. (2009). Evidence-based infection control planning based on National Healthcare-Associated Infection Prevalence data. *Infection Control & Hospital Epidemiology*, 30(2), 187-189. doi:10.1086/593125 **(R)**