



## The Joint Commission is coming soon!

# Joint Commission Newsletter

July 2018

### ARE YOU READY?

## Infection Control Tracers

During the onsite visit, Joint Commission surveyors will conduct an infection control system tracer in which the health center's infection control systems will be examined. The following represent some of the typical questions that may be asked during such a tracer. Our team is encouraged to review the questions and answers below in preparation for the tracer.

### 1. Tell me about your infection prevention and control procedures.

*Suggested Answer:* MHHC provides employees with annual training on infection control and prevention including use of handwashing (visibly soiled hands), use of hand sanitizer, and the use of PPE. MHHC provides all employees with the ability to receive their flu shot and PPD testing annually on site at Employee Health Services.

### 2. Who is responsible for carrying out the work and who oversees it?

*Suggested Answer:* All MHHC employees carry out work in different capacities. Infection Control is overseen by Monica Morin – DDS and Mr. Asiana – Central Sterile Manager.

### 3. How do you handle cleaning, sterilizing, or sanitizing equipment, devices, or supplies used within the practice? What guidelines do you follow?

*Suggested Answer:* We follow our Policy and Procedures. Sterilization of reusable instruments is provided by our sterilization technicians or sent off site. Caviwipes and Bleach wipes are used to clean and disinfect chairs and equipment.

### IN THIS ISSUE

#### Infection Control: Possible Survey Questions

A list of infection control based questions Joint Commission surveyors may ask staff including suggested answers

Page 1-2

#### Hand Hygiene

The Five Moments of Hand Hygiene

Page 3

### Command Center

**718-716-4400 x 2524/2763**

The surveyors can come through all clinical and laboratory sites to interview ANY staff member and patient.

Please do not leave your assigned work area without notifying your supervisor or the designated lead.

Practice Managers and Supervisors should conduct walkthroughs using the mock tracer tools as guidance to check and review all areas.

**Remember:** In the event that you are not sure of the answer to a surveyor's question(s), contact your Practice Manager/Supervisor for assistance.

#### 4. How do you monitor the effectiveness of your program? How is this documented?

*Suggested Answer:* Monitoring Tools: Infection control risk assessment; Infection control tracers; and Annual monitoring of program through tracking and trending of employee incidents related to injuries/exposures to blood and body fluids or organisms that can spread disease. Documentation is done through reports, sterilization logs and combined discipline meetings where reports are presented, analyzed, risks identified and solutions developed.

#### 5. How do you educate staff about your infection prevention and control systems and risk-education activities?

*Suggested Answer:* All staff receives annual training. Staff are trained on infection prevention as their duties require including sterilization of reusable instruments, influenza vaccination, covering your cough, recognizing symptoms of patients that may require immediate isolation such as cough with fever/and/or rash.

#### 6. What is your approach to hand hygiene guidelines? How is your staff educated about them?

*Suggested Answer:* CDC Guidelines (2002) are followed. The goal for 2018 is 90% compliance. If visibly soiled/dirty with blood and/or bodily fluids, wash hands with non-antimicrobial/antimicrobial soap and water (15 second minimum). If hands are NOT visibly soiled, use alcohol based hand gel. Decontaminate hands before direct patient contact, after contact with patient skin, bodily fluid, from contaminated body site to clean body site, after touching inanimate objects (equipment), after removing gloves, before eating and after restroom.

#### 7. What risk-education activities do you have in place? How are these documented and communicated with staff?

*Suggested Answer:*

- Annual training
- Handwashing
- Influenza vaccine
- Masks readily available to patients/staff that are actively coughing
- PPE for staff

#### WHY IS JOINT COMMISSION ACCREDITATION IMPORTANT?

Accreditation is important because it helps determine if an institution meets or exceeds minimum standards of quality.

Joint Commission standards are the basis of an objective evaluation process that can help health care organizations measure, assess and improve performance. The standards focus on important patient, individual, and organizational functions that are essential to providing safe, high quality care.

#### 8. How do you identify infection control risks?

*Suggested Answer:*

- Infection Control Risk Assessment: Sterilization – concerns with cleaning/disinfection
- Policy and procedure – lack of Policy and Procedures
- Abx resistant organisms – MRSA
- Trends from incident reports

#### 9. How is staff engaged with specific infection prevention and control activities that directly affect their safety, such as vaccinations and personal protective equipment?

*Suggested Answer:*

- Staff is encouraged to have influenza vaccine at employee health
- Trainings are provided as well as testing of competencies
- PPE is readily available and staff has been trained on how and when to use it



## HAND HYGIENE

<b>1</b> BEFORE PATIENT CONTACT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>EXAMPLES:</b> shaking hands, helping a patient to move around, clinical examination
<b>2</b> BEFORE AN ASEPTIC TASK	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>EXAMPLES:</b> oral/dental care, secretion aspiration, wound dressing, catheter insertion, preparation of food, medications
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>EXAMPLES:</b> oral/dental care, secretion aspiration, drawing and manipulating blood, clearing up urine, faeces, handling waste
<b>4</b> AFTER PATIENT CONTACT	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side <b>EXAMPLES:</b> shaking hands, helping a patient to move around, clinical examination
<b>5</b> AFTER CONTACT WITH PATIENT SURROUNDINGS	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched <b>EXAMPLES:</b> changing bed linen, perfusion speed adjustment

### Five Moments

Practicing Hand Hygiene is a key part of keeping our patient's safe and free from infection. There are some situations where hand sanitizers are ineffective. They should not be used when the hands are visibly dirty or soiled.



**THANK YOU FOR YOUR COOPERATION ON  
MAKING THIS A SUCCESSFUL SURVEY!!!**