NEWS FROM TJC

Draft Standards on Antimicrobial Stewardship

The December issue of Perspectives reminds us that TJC has posted a draft set of standards for antimicrobial stewardship to their website. You can access proposed standards from their home page by clicking on the standards tab. The standards in general do not seem onerous, but there is an annual expectation for education for staff involved in ordering, dispensing or administration including all prescribing LIP’s. These blanket training expectations are, over time, difficult to continue to document in a manner that will satisfy most surveyors. Most importantly, this is your opportunity to help shape the process. Your Pharmacy and Therapeutics Committee members and Infection Control Committee members should all be asked to review the draft and post comments or make suggestions. This prepublication development process is one of the good things Joint Commission does with the industry so take advantage of the opportunity.

Clarity on Management of Hazardous Materials (EC.02.02.01)

Perspectives and EC News have another in the series of articles entitled Clarifications and Expectations, this month discussing EC.02.02.01 and the management of hazardous materials. This standard is in the top 10 most frequently scored noncompliant with 38% of surveyed hospitals having difficulty with this standard. The article does a nice job of describing the detailed expectation for EP 1, which says there should be a current inventory of hazardous materials and waste that the hospital uses, stores, or generates. While this sounds simple enough, this article supplies details that may not have been understood. For example, regarding hazardous materials, TJC suggests the inventory should include the following:

- “What are the hazardous materials?”
- “When did they arrive?”
- “What are the safety requirements for this material?”
- “Where are they stored?”
- “What is the quantity?”

We would add to this list one additional question, “Where are they used?”

The article next describes all the Federal agencies involved with this process and they provide specific data elements for the hazardous materials inventory from OSHA which includes:

- Chemical name, CAS number (chemical abstracts service), common name, synonyms, product/mixture name, percentage of ingredients in product/mixture.

The usual suspects for RFI’s on this standard include not having a house-wide inventory, or not minimizing the risk by having appropriate PPE, training and eyewash stations. Those staff at your hospital responsible for maintaining the inventory should be provided a copy of this article so that they can report back on your compliance with all these details. One strategy...
we see some hospitals using is a chemicals/products committee which has to approve chemicals for use, or departments to sue hazardous materials before they purchase and begin to improperly use these products. Tying into last months discussion about high level disinfection, we see an inordinate number of hospitals which get surprised when a TJC surveyor discovers someone new is attempting to perform high level disinfection or use a hazardous chemical, without documentation of proper training, air handling, eyewash, etc. So in a sense complete implementation of this EC standard should help protect against surprises and RFI’s.

**ORYX 2016 Requirements**
ORYX requirements are changing for 2016 and hospitals should have already been notified about potential changes by individual letter. There is a table on page 10 which summarizes the changes, which to a large extent appear to permit and rely on an increasing number of electronic measures. Hospitals that choose vendor submission of electronic measures will not have their data publicly posted on the Joint Commission website in 2016. This seems prudent since new ways of collecting data can sometimes yield unusual results.

**Coming Soon - Reduction in Required EPs**
We also noted in Perspectives that TJC is going to go forward in July with eliminating some outdated, duplicative, or valueless elements of performance. This is welcome news that we thought might not come to fruition. Having worked on similar committees in the past, there had in the past been a reluctance to let these EP’s fade away. We look forward to seeing what happens in July.

**Booster Pack on High Level Disinfection and Sterilization – What to do Now!**

The most important news from TJC this month is the new booster pack on High Level Disinfection and Sterilization. As a New Year resolution we would suggest that this document be analyzed and any necessary changes be made early in the first quarter of 2016. As we described last month this is one of the most problematic issues on survey and this booster pack highlights the requirements, the potential flaws and provides reference links and training links. We recommend reading this document electronically while connected to the internet to allow for easy use of all the links contained there. The AAMI manuals we recommended for purchase last month are quoted often and hopefully you put your purchase order in last month if you did not have them. This booster pack reinforces how important it is to have these resources. TJC describes the concept of doing a risk assessment to refine your high level disinfection and sterilization processes.

Given the complexity and importance of these issues on survey today we would suggest establishing several teams to analyze the advice and requirements discussed in the booster pack. For example, one team just to analyze temperature, humidity and air pressure, air exchange requirements and current status. While most organizations do temperature and humidity monitoring, gaps in documentation appear often and more importantly gaps in documentation of effort when temperature or humidity are out of range. Automation can help, but it is not fool proof as staff can still fail to document action taken or fail to even note out of range conditions. This team should expand its examination to determine how you will monitor temperature and humidity in all the locations where you have sterile storage, or develop a convincing risk assessment why you are not doing monitoring. Air pressure relationships are even more difficult as they are invisible unless you have given staff a tool to assess pressure.

A second team should analyze the advice in the
The booster pack on scope processing and storage and analyze your adherence to the AAMI ST 91. A third team should analyze high level disinfection and storage of all other devices and equipment other than scopes. This will include staff from ultrasound, respiratory therapy for heater wires or other ventilator parts, sleep lab, cardiology for the TEE probe, outpatient ENT clinic staff, and central supply staff and purchasing to locate any other users of high level disinfectants in your hospital.

A fourth team should be set up to review sterilization and pre-cleaning processes involving OR, central supply and outpatient locations. The pre-cleaning phase is getting increasing attention from TJC and detailed in the AAMI ST 79. Many organizations bypass pre-cleaning in the OR, or pre-cleaning of soiled instruments in outpatient services.

Another team should be dedicated to competency validation. Competency assessment is frequently lacking, either entirely or in detail. Cross fertilization of ideas from staff supervising scope processing, other HLD and sterilization activities should help create more granular competency assessment tools. Since this is an exacting science, and TJC is applying exacting requirements, the competency assessment process should be similarly exacting.

The booster pack also points out the leadership standards which get scored often for failures in high level disinfection and sterilization and also the risk of an immediate threat finding. We suggest a senior leadership champion be identified to get a handle on these processes and to supervise the development and activities of these teams. Too often people who have an important contribution to make to an improvement project have competing priorities, and the leadership champion may be able to help make high level disinfection and sterilization the first quarter 2016 priority for all departments.

**CMS UPDATE:**

CMS did not post any new Survey and Certification memos to its website this month, so Happy Holidays! Last month we discussed the first SC memo of the new Federal Fiscal year, SC 16-01 that addressed requirements relative to compounding of medications needed by hospital patients. Our discussion of this memo unfortunately merged two discreet concepts, one being the definition of an immediate use product, and the second, a description of risk level for compounding. Immediate use is the ad hoc compounding of a sterile admixture outside the protective environment in the pharmacy and these should be limited to emergencies. Once prepared, this immediate use product should be hung on the patient within 1 hour of compounding. An entirely different concept is the concept of compounding risk level, with low risk compounding being defined as no more than 3 additives which are not hazardous substance, and no more than 2 penetrations into any one vial.

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Have a happy and healthy holiday season and new year from all of us at PHC!
Happy Holidays,

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