

Joint Commission Releases New Standards BoosterPak™ on High-Level Disinfection and Sterilization

High-level disinfection and sterilization of medical equipment, devices, and supplies is a complex process that is of vital importance to patient safety. The Joint Commission addresses this key issue at Infection Prevention and Control (IC) Standard **IC.02.02.01**, applicable to organizations accredited under the Ambulatory Health Care, Critical Access Hospital, Hospital, and Office-Based Surgery Accreditation Programs.

To help guide organizations as they work to comply with this standard, The Joint Commission has developed a standards BoosterPak™ for Standard IC.02.02.01. A standards BoosterPak is a searchable resource intended to provide detailed information about a single standard or topic area that has been associated with a high volume of inquiries or noncompliance scores in the health care field. The BoosterPak concept was developed as one method to address the issue of consistency of standards interpretation.

IC.02.02.01 was selected for a BoosterPak because of the critical patient safety impact of high-level disinfection and sterilization, and also because many health care organizations struggle with compliance with this standard. For example, during the first half of 2015, the most recent period for which data are available, IC.02.02.01 was the second-most challenging standard for ambulatory health care organizations (with 46% found noncompliant), critical access hospitals (with 60% found noncompliant), and hospitals (with 54% found noncompliant). During that same time period, IC.02.02.01 was the most challenging standard for office-based surgery practices, with 54% found noncompliant.

The goal of the High-Level Disinfection and Sterilization BoosterPak is to ensure that practices are carried out following regulatory standards and evidence-based guidelines for high-level disinfection and sterilization to minimize the potential risk of infection transmission to patients.

BoosterPaks are available to Joint Commission–accredited and certified organizations on the secure *Joint Commission Connect*™ extranet. Previous BoosterPaks that also appear on the extranet include the following:

- Home Oxygen Safety
- Credentialing and Privileging in Non-Hospital Settings
- Waived Testing
- Use of Restraint and Seclusion for Organizations Using Joint Commission Accreditation for Deemed Status
- Management of Hazardous Waste in Health Care Facilities
- Environment of Care (EC) (EC.04.01.01, EC.04.01.03, EC.04.01.05)
- Management of Hazardous Waste in Health Care Facilities
- Sample Collection
- Suicide Risk (NPSG.15.01.01)
- Medication Management (MM) Standard MM.03.01.01
- Focused Professional Practice Evaluation/Ongoing Professional Practice Evaluation (FPPE/OPPE) **TS**

JAMA: Nursing Work Environment Impacts Patient Outcomes Hospitals that provide better work environments for nurses also provide better quality care, according to a study published in the January 20 issue of *The Journal of the American Medical Association*. The study examined workplace conditions at 35 hospitals and 293 control hospitals. Factors such as the hospital's nurse-to-bed ratio, resident-to-bed ratio, nurse mix, technology level, and number of beds had a significant impact on patient outcomes, particularly those of the most seriously ill patients. The study is available at <http://archsurg.jamanetwork.com/article.aspx?articleid=2482670>.

Joint Commission TST® Hand Hygiene Tool Helps Reduce Infections Hospitals that use The Joint Commission's Center for Transforming Healthcare's Targeted Solutions Tool® (TST) have reduced the number of health care–associated infections their patients experience as well as improving hand hygiene compliance. The January 2016 issue of *The Joint Commission Journal on Quality and Patient Safety* features an article on how Memorial Hermann Health System used the TST to raise hand hygiene compliance to 95.6%, up from a baseline of 58.1%. Adult intensive care unit (ICU) central line–associated bloodstream infection (CLABSI) and ventilator-associated pneumonia (VAP) rates decreased in association with the hand hygiene compliance improvements. The article is available at http://www.jointcommission.org/assets/1/18/JQPS0116_01_Shobot.pdf.

CMS Explores Connection Between Social Needs and Physical Health First-ever Innovation Center pilot project by the US Centers for Medicare & Medicaid Services (CMS) will test whether a patient's health can be improved by addressing his or her social needs. Many of these social issues, such as housing instability, hunger, and interpersonal violence, affect individuals' health, yet they may not be detected or addressed during typical health care–related visits. CMS is investing \$157 million in the project. Visit <https://innovation.cms.gov/initiatives/ahcm> for more information.

Study Reports Widespread Noncompliance with Standard Precautions for Blood-Borne Pathogens Recent research, published in the January issue of the *American Journal of Infection Control*, found that only 17.4% of 116 ambulatory health care nurses who participated in the study said they comply with all nine standard precautions for blood-borne pathogens. Visit [http://www.ajicjournal.org/article/S0196-6553\(15\)01035-4/pdf](http://www.ajicjournal.org/article/S0196-6553(15)01035-4/pdf) to view the study.

CDC Works to Address Zika Virus The US Center for Disease Control and Prevention (CDC) is providing guidance to health care organizations and the public on how to respond to the threat of an emerging illness known as the Zika virus. The CDC recently held a telebriefing on travel advisories related to the virus that detailed some of the agency's efforts. Visit <http://www.cdc.gov/media/releases/2016/t0128-zika-virus-101.html> to read a transcript of the briefing. In addition, the CDC issued guidance on treating Zika in pregnant women and infants, available at <http://www.aha.org/advocacy-issues/tools-resources/advisory/2016/160128-readiness-adv.pdf>.