The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) debuts a new infection control standard this month. JCAHO says an estimated one-third of health care-associated infections could be prevented if current recommendations were followed. A Swiss study published in *Lancet* found that just a modest increase in hand hygiene compliance guidelines reduced infections by 50%.

The new standard holds top leaders accountable for providing enough resources and training for the infection control program. Because infection control is not revenue generating, it hasn’t always gotten the attention it deserves.

“The accountability is with the organization’s leaders,” said JCAHO President Dennis O’Leary, MD, in previewing the standards. “There is no opportunity to diffuse responsibility.”

Among other things, the standard says leaders must:

- make infection control a major component of the safety and performance improvement (PI) programs
- have an organizationwide infection control program
- allocate adequate resources for the program.

**What will surveyors ask staff?**

Surgical services leaders can expect questions on infection control to come up as surveyors interview front-line staff as part of the tracer method now being used in JCAHO surveys, notes Nancy Bjerke, RN, MPH, CIC, of Infection Control Associates, San Antonio, Tex.

Under the tracer method, introduced last year, surveyors select individual patients and follow their care through the process, spending much of their time talking with staff to assess compliance with the standards. Preparing the staff is important because JCAHO will move to all unannounced visits next year.

Bjerke’s hospital was one of the first to have a survey using the tracer method.

“It is the front-line staff who will be expected to answer questions, not the leadership,” she says. “This is how they are getting at the big programs without actually going through an interviewing process with department heads and reviewing lots of policies and procedures.”

“They may spend a long period of time in one area. They will be assessing visual cues as well as listening to the responses,” she says.

“It’s imperative for leaders to work with the front-line people and ask them, ‘What are the infection control practices you use in your area? What PI projects have you been doing that have helped patients?’”

Surveyors will also expect to see that infection control practices are consistent with national recommendations and guidelines, such as those of the Centers for Disease Control and Prevention (CDC), Association of periOperative Registered Nurses (AORN), and Association for the Advancement of Medical Instrumentation (AAMI).

In infection control PI, a major focus is the national Surgical Infection Project (SIP) led by the CDC and the Centers for Medicare and Medicaid Services. If your facility has participated in the SIP project, the staff may well be asked about these areas, Bjerke notes. Emphasis is on correct administration of prophylactic antibiotics, specifically:

- selecting the appropriate antibiotics
- administering antibiotics within 1 hour of surgery (2 hours for vancomycin)
- giving antibiotics for the correct duration (ie, discontinuing within 24 hours after surgery).
Policy and practice

As always, surveyors will check to see if daily practice is consistent with written policies and procedures. For example, if preoperative instructions call for patients to shower, the surveyor might ask whether the staff verifies that this is done. Surveyors might ask, for example, “What were the instructions given to the patient? Were the instructions carried out? Is this documented?”

The preoperative shower is recommended in the CDC’s guideline for surgical site infection (SSI) prevention: “Require patients to shower or bathe with an antiseptic agent on at least the night before the operative day.” This is a Category IB recommendation, meaning it is viewed as effective and worthy of implementation.

Hand hygiene

Hand hygiene continues to be a major emphasis of JCAHO:

• Complying with the CDC’s hand hygiene guide is a National Patient Safety Goal.
• The new Infection Control standard says “enhancing hand hygiene” must be a goal of the infection control program (IC.4.10).

The National Patient Safety Goal requires facilities to implement the CDC’s Category I hand hygiene recommendations and consider the Category II recommendations (sidebar).

Surveyors will judge compliance by interviewing the staff and directly observing hand hygiene practices. For example, a Category I recommendation is that caregivers not wear artificial nails, so surveyors would expect to see that has been carried out. (For more information, see the frequently asked questions for the National Patient Safety Goals at www.jcaho.org.)

The CDC guideline also covers surgical hand antisepsis. For the surgical scrub, many ORs now use alcohol-based hand rubs in addition to soap and water.

“One of the things surveyors might ask is, ‘What is the policy for the surgical scrub?’” Bjerke suggests. Other possible questions:

• Is there an initial soap-and-water wash with an antiseptic, as the CDC recommends?
• When the alcohol rub is used for subsequent scrubs, is it allowed to dry before donning gloves?
• Have any skin reactions been noted from the new alcohol-based products?

Disinfection, sterilization

The infection control standard requires methods to reduce risks associated with procedures, medical equipment, and medical devices (IC.4.10). That includes:

• appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment
• reuse of equipment designated by the manufacturer as disposable in a manner consistent with regulatory and professional standards
• appropriate use of personal protective equipment.

Surveyors might ask about any of these processes if they come up during a tracer.

Surgical infection prevention

The CDC’s SSI prevention guideline has a number of recommendations related to perioperative care. Managers need to review their policies to see that they are consistent with CDC and AORN recommendations and make sure staff is familiar with these policies and carries them out, Bjerke advises.

For example, a surveyor might ask, “What is your policy for preoperative hair removal?”

The CDC SSI guideline says hair should not be removed preoperatively unless hair will interfere with the operation. If hair is removed, it should be removed immediately before the operation, preferably with electric clippers. Both are rated Category IA, which means they are strongly recommended for implementation and backed by well-designed studies.
In addition, if hair is removed, that should not be done in the operating room but in the holding area.

**Prophylactic antibiotics**

If your facility has conducted a PI project on prophylactic antibiotics, questions on this subject could come up.

In addition to being a focus of the national SIP project, correct use of prophylactic antimicrobials is a core measure in JCAHO’s ORYX program as well as a quality measure for the Leapfrog Group and others. A national advisory statement on prophylactic antibiotics was issued last year.

If OR nurses participate in administering the antibiotics, Bjerke says surveyors might ask, “What is the timing for giving prophylactic antibiotics?” (It is recommended that antibiotics be given within 60 minutes prior to the incision for certain procedures.) They might also look to see how and where the timing is documented in the patient’s record so the facility can track its progress toward improving the process. ♣

**Resources**


ECRI. Hand hygiene in the healthcare setting. *Healthcare Risk Control. Suppl A*. 2004. 610/825-6000. e-mail hrc@ecri.org


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**CDC hand hygiene guideline**

These are selected recommendations related to perioperative care. See the CDC’s hand hygiene guideline for complete recommendations.

JCAHO says surveyors will score all Category I recommendations under the National Patient Safety Goal for hand hygiene.

**Surgical hand antisepsis**

- Remove rings, watches and bracelets before beginning the surgical hand scrub. *(Category II)*
- Remove debris from underneath fingernails using a nail cleaner under running water. *(Category II)*
- Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures. *(Category IB)*
- When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer, usually 2 to 6 minutes. Long scrub times (eg, 10 minutes) are not necessary. *(Category IB)*
- When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer’s instructions. Before applying the alcohol...
solution, prewash hands and forearms with non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves. 

**Category IB**

### Other aspects of hand hygiene

- Do not wear artificial fingernails or extenders when having direct contact with patients at high risk (e.g., those in intensive care units or operating rooms). **Category IA**
- Keep natural nail tips less than \( \frac{1}{4} \)-inch long. **Category II**

Category IA recommendations are strongly recommended and strongly supported by well-designed studies. Category IB recommendations are strongly recommended and supported by some studies and strong theoretical rationale. Category II recommendations are suggested for implementation.

**Source:** CDC. Guideline for hand hygiene in health-care settings. [www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)