Three infection control organizations have joined with the American Hospital Association and the Joint Commission to publish a compendium of what they say are science-based, user-friendly strategies to prevent 6 types of health care-associated infections (HAIs).

The strategies were developed in the face of rising patient concern about hospital infections and the government’s decision to stop paying for treatment of certain HAIs after Oct 1, 2008.

At least some of the strategies are likely to become Joint Commission requirements in 2010.

The compendium pulls together existing HAI guidelines into a set of recommendations that are understandable, easy to use, and stress accountability, said David Classen, MD, the coauthor, representing the Infectious Diseases Society of America (IDSA), at an Oct 8 press conference. Also involved were the Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC).

The compendium is supported by 29 organizations, including the Centers for Disease Control and Prevention (CDC).

The Joint Commission says it will study the compendium in 2009 and plans to adopt at least some of the strategies as requirements in 2010.

Joint Commission Vice President Robert Wise, MD, said that though all hospitals are actively working on these strategies, such as preventing catheter-associated bloodstream infections, “we see lots of variation in practice. All are partly effective, but none are completely effective.”

“The Joint Commission knows hospitals already are using some of the strategies in the compendium. Most could do more.”

In 2009, he said, the Joint Commission expects hospitals to review the compendium and their current practices to see which strategies they need to add. Also in 2009, the commission will gather a group of stakeholders to consider which practices should be immediately required for accreditation. In 2010, those will become requirements, he said.

**Strategies for SSI prevention**

Many of the strategies recommended for preventing SSIs are already in the Joint Commission’s 2009 National Patient Safety Goal 7, which must be fully implemented by Jan 1, 2010.

The strategies cover surveillance, practices, special approaches, education, and approaches that should not be considered routine. They are rated A, B, or C, based on the strength of the recommendation, and I, II, and III, based on the quality of the evidence.

**SSI prevention practices**

The SSI prevention practices will be familiar to OR leaders:

- Administer antimicrobial prophylaxis in accord with evidence-based standards and guidelines (A-I).
- Do not remove hair at the operative site unless the presence of hair will interfere with the operation. Do not use razors (A-II).
• Control blood glucose level during the immediate postoperative period for patients having cardiac surgery (A-I).
• Measure and provide feedback to providers on rates of compliance with process measures, including antimicrobial prophylaxis, proper hair removal, and glucose control (for cardiac surgery) (A-III).
• Implement policies and practices aimed at reducing the risk of SSI that meet regulatory and accreditation requirements and are aligned with evidence-based standards (eg, CDC and professional organization guidelines) (A-II).

SSI surveillance
The compendium includes these surveillance strategies:
• Perform surveillance for SSI (A-II).
• Provide ongoing feedback on SSI surveillance and process measures to surgical and perioperative personnel and leadership (A-II).
• Increase the efficiency of surveillance through use of automated data (A-II).

Education
• Educate surgeons and perioperative personnel about SSI prevention (A-III).
• Educate patients and families about SSI prevention, as appropriate (A-III).

Approaches not considered routine for SSI prevention
• Do not routinely use vancomycin for antimicrobial prophylaxis; however, it can be appropriate for specific clinical circumstances (B-II).
• Do not routinely delay surgery to provide parenteral nutrition (A-I).


Six types of infection in compendium
The 6 types of health care-associated infection covered are:
• methicillin-resistant Staphylococcus aureus (MRSA)
• Clostridium difficile infection
• central line-associated bloodstream infection
• ventilator-associated pneumonia
• catheter-associated urinary tract infection
• surgical site infection (SSI).

Two categories of recommendations
Each type of infection has 2 categories of recommendations:
• minimum basic practices that should be adopted by all acute care hospitals
• special approaches for use in hospital locations and/or populations when infections are not controlled using basic practices.