

## JCAHO Inspections for Tertiary Care Facilities

### To the Editor:

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) inspected our institution (Beth Israel Medical Center, New York, New York) from February 26 through March 1, 1990. We believe that we are the first tertiary care medical center in our area to be reviewed under the newly revised 1990 Standards for Infection Control. We would like to share our experience with other institutions.

At first glance, the revised chapter for infection control is considerably shorter and seemingly more liberal. A multidisciplinary committee continues to oversee the program, but now needs to meet every quarter in contrast to bimonthly (IC. 2.1.3). The type of surveillance may now be focused on high-risk areas and procedures, as compared to comprehensive or hospital-wide surveillance (IC. 2.2).

The infection control policy and procedures manual must now contain guidelines for all patient care departments and services (IC. 4). Previously, JCAHO listed which departments needed to be included in the manual. At our institution, we added the volunteer service, social service and psychiatry, including a policy and procedures for the use of washers and dryers by patients.

Fortunately, beginning in 1990, the manual and statement of authority must be reviewed every

two years instead of annually (IC. 2.4, 2.5.1). Manual sections must be reviewed by the committee and approval documented in committee meeting minutes (IC. 2.3). A coversheet at the front of the manual can substitute for individual section approval signatures (IC. 2.4). Minutes must be forwarded to the hospital-wide committee on nursing quality (IC. 2.3.2). The attendance (or absence) of an administrator is noted for each infection control committee meeting (IC. 2.1). A surveillance plan must be developed and approved by the committee annually (IC. 2.2).

The surveyor made a point of reviewing inservice education records, comparing the number of employees in a particular department to the number who actually received the inservice for 1988 and 1989. The content of the inservice has to include specific strategies to reduce the risk of infection, i.e., the use of gloves, masks, eyewear, etc. Employees at high risk require more frequent inservice (IC.4, 4.1).

Another important area was sterilization. The records of all hospital sterilizers were thoroughly reviewed, including research and animal lab units. Documentation of temperature and pressure frequency of biological spore tests was screened (IC. 5.1.1). Shelf life, expiration dates and recall policy and procedures were reviewed, as were specific items off the shelf in nursing units, the central sterile unit and the operating rooms (IC. 5.1.2). The surveyor also looked for a policy and procedure on the reuse of sterile disposable items (IC.5.1.3.1).

The balance of the survey was similar to previous years. The surveyor looked for follow-up and corrective actions whenever the minutes indicated a problem, close cooperation with the employee health service and reporting of communicable diseases to local health authorities.

In summary, the chapter on infection control may have been condensed from 13 pages to five, but in no way was the inspection any less rigorous. In favor of the 1990 standards is the hospital's ability to pick and choose a focused surveillance program, review the paperwork every two years and drop to four meetings a year. We believe that this will allow hospital epidemiologists and practitioners to spend more time on nursing units, intensive care units and the operating room, and less time pushing pencils in the office.

We recommend strongly that the scoring guidelines for infection control be obtained and reviewed several months ahead of an anticipated JCAHO visit.<sup>1</sup> The discussion of each standard and substandard was extremely useful to us in preparing for the inspection. The scoring guidelines can be obtained from the JCAHO offices in Chicago.

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### REFERENCE

1. Joint Commission on Accreditation of Healthcare Organizations. *Hospital Accreditation Program Scoring Guidelines. Infection Control Standards*. Chicago, Ill; 1990:1-39.

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