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Impact 360 Learning Series: High-Level Disinfection and Sterilization Webinar

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Broadcast - May 19, 2026

On Demand Webinar - available for CE credit until December 31, 2026

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Impact 360: High-Level Disinfection and Sterilization

Elizabeth Mort, MD, MPH
Vice President and Chief Medical Officer

Date: May 19, 2026

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What is Impact 360?

Why High-Level Disinfection and Sterilization?

Goals today

1. Review consequences of lapses in sterilization and high-level disinfection processes — this is the compelling ‘why’
2. Share key components of sterilization and high-level disinfection programs and common challenges noted during hospital surveys
3. Share our plans for providing resources to support your efforts to strengthen sterilization and high-level disinfection processes

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Elizabeth Mort, MD, MPH
Vice President, Chief Medical Officer
Joint Commission

Welcome and introduction



Rebecca Pierce, PhD
Epidemiologist
Centers for Disease Control and Prevention (CDC)

Consequences of failures in sterilization and high-level disinfection



Arjun Srinivasan, MD
Deputy Chief Medical Officer
Joint Commission

Review of key components of sterilization and high-level disinfection programs, common survey observations and resources to support improvements



Ken Grubbs, DNP, MBA, RN
Chief Nursing Executive & Executive Vice President,
Accreditation and Certification Operations (ACO)
Joint Commission

Call to action and next steps

The Centers for Disease Control and Prevention slides presented during the broadcast are not available as handouts.



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High-Level Disinfection and Sterilization

Arjun Srinivasan, MD
Deputy Chief Medical Officer

Date: May 19, 2026

Objectives



REVIEW

Key components of sterilization and high-level disinfection programs



DESCRIBE

Common challenges noted during hospital surveys



SHARE

Resources and two concrete examples of performance improvements in sterilization/high-level disinfection

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Key Components: Sterilization and High-Level Disinfection Programs

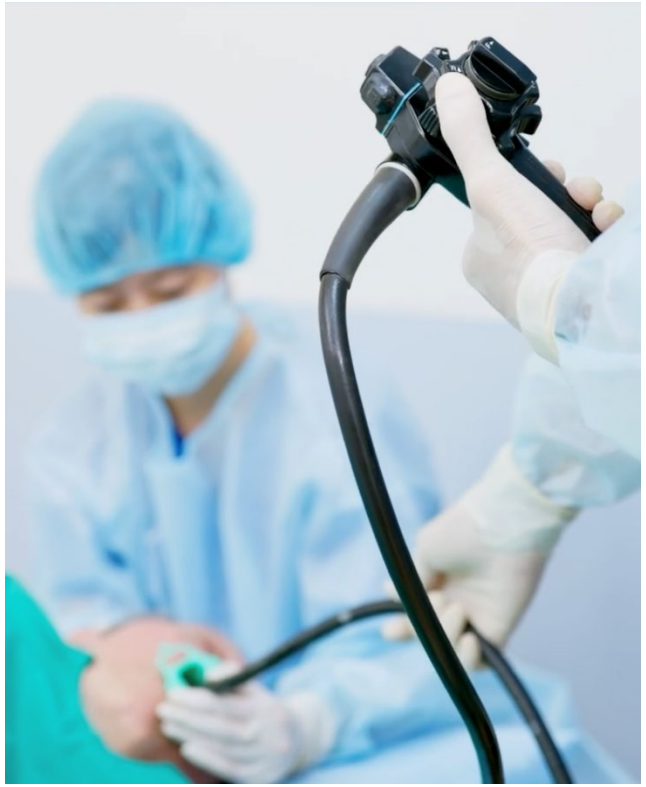
Manufacturer Instructions for Use Followed	• Reviewed before purchase and accessible at all times • For every device- from purchase through use, reprocessing and storage • Resolve conflicts
Available Supplies	• Necessary cleaning/disinfecting/sterilizing supplies available • Personal Protective Equipment
Competent Employees	• Staff are trained and competent • Staff who oversee process are competent to evaluate the process
Infection Prevention and Control Involvement	• Process to evaluate adherence to procedures
Leadership Oversight	• Leadership support, involvement and oversight

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Observations Posing Highest Threats to Patient Safety

Often “Condition” level or “Immediate threat to health and safety”

- **High-level disinfection not performed at all or not performed before each patient use for semi-critical devices**
  - — Often noted with equipment used outside of endoscopy suites, for example, TEE probes, urology equipment, ENT equipment, Ophthalmology equipment (especially in NICUs), ultrasound probes (especially transvaginal)
  - — Manufacturer minimum requirements for the HLD solution used not met at the time of use- improper **temperature** or insufficient contact **time**



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Common Survey Observations

- **Failure to follow manufacturer's instructions for use**
  — Sometimes due to lack of access to the instructions
- **Gaps in documentation and traceability**
  — Need to be able to verify that required steps were followed
- **Gaps in training**
  — Especially in locations where high-level disinfection is performed less often
- **Inadequate cleaning before high-level disinfection**
- **Improper transport or containment of soiled items**
  — Containers must be closeable, leak-proof and puncture resistant (if sharps present)

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Common Survey Observations (2)

- **Instruments not kept wet prior to cleaning/disinfection**
- **Hand hygiene being performed in sinks designated for HLD only**
- **Issues with solution test strips**
  - — Quality control checks not documented, not done or done incorrectly
  - — Expired strips in use
  - — Wrong strips being used for product

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Observations Posing Highest Threats to Patient Safety (2)

Often “Condition” level or “Immediate threat to health and safety”

- **Instruments/devices that require sterilization prior to use for critical procedure not sterilized prior to use**
  - — Especially for equipment used outside of ORs (for example, wound clinics).
- **Manufacturer’s instructions for use for sterilization cycle/parameters not followed (for example, inadequate time/temperature, tray weight limits exceeded)**



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Observations Posing Highest Threats to Patient Safety (3)

Often “Condition” level or “Immediate threat to health and safety”

- **Instruments not kept wet prior to cleaning/sterilization.**
- **Sterilization/use of non-medical devices for critical procedures.**
- **Reusable instruments in disrepair were sterilized.**
  - Degraded
  - Identification tape in disrepair
- **Instruments not disassembled prior to sterilization when required by Manufacturers Instructions for Use.**
  - Devices with multiple components or ratches, for example, circumcision clamps.

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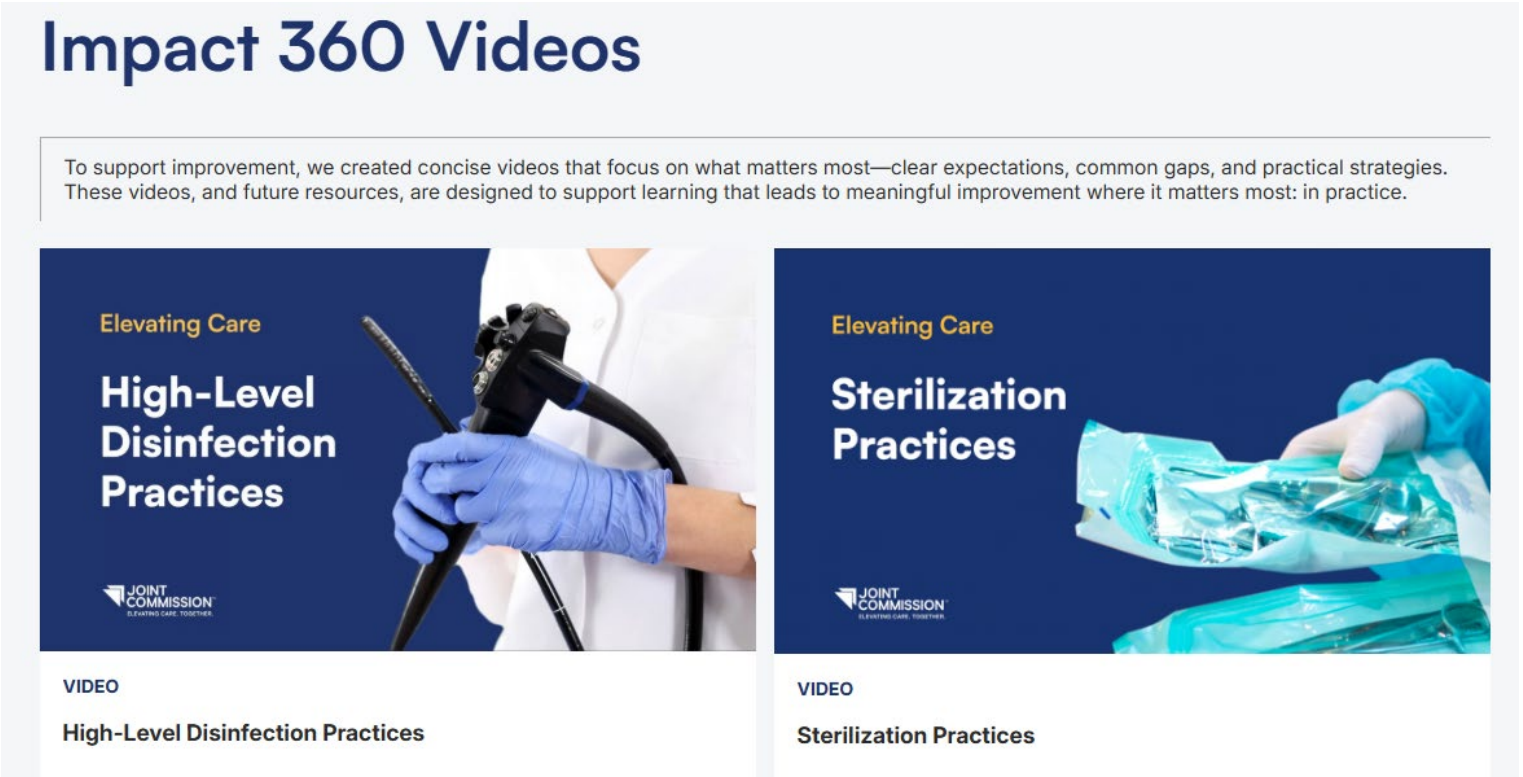
Common Survey Observations (3)

- **Instrument staining and discoloration**
- **Issues with tape used on devices- tape on working surfaces, adhesive residue**
- **Improper transport or containment of soiled items**
  - Containers must be closeable, leak-proof and puncture resistant (if sharps present)
- **Incomplete or missing documentation, for example, sterilization logs**
- **Improper or absent labelling of clean and dirty storage units**

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Video Resources

Concise videos that focus on what matters most—clear expectations, common gaps, and practical strategies



https://www.jointcommission.org/en-us/knowledge-library/support-center/survey-or-review-preparation/impact-360-learning-series/high-level-disinfection-practices
https://www.jointcommission.org/en-us/knowledge-library/support-center/survey-or-review-preparation/impact-360-learning-series/sterilization-practices

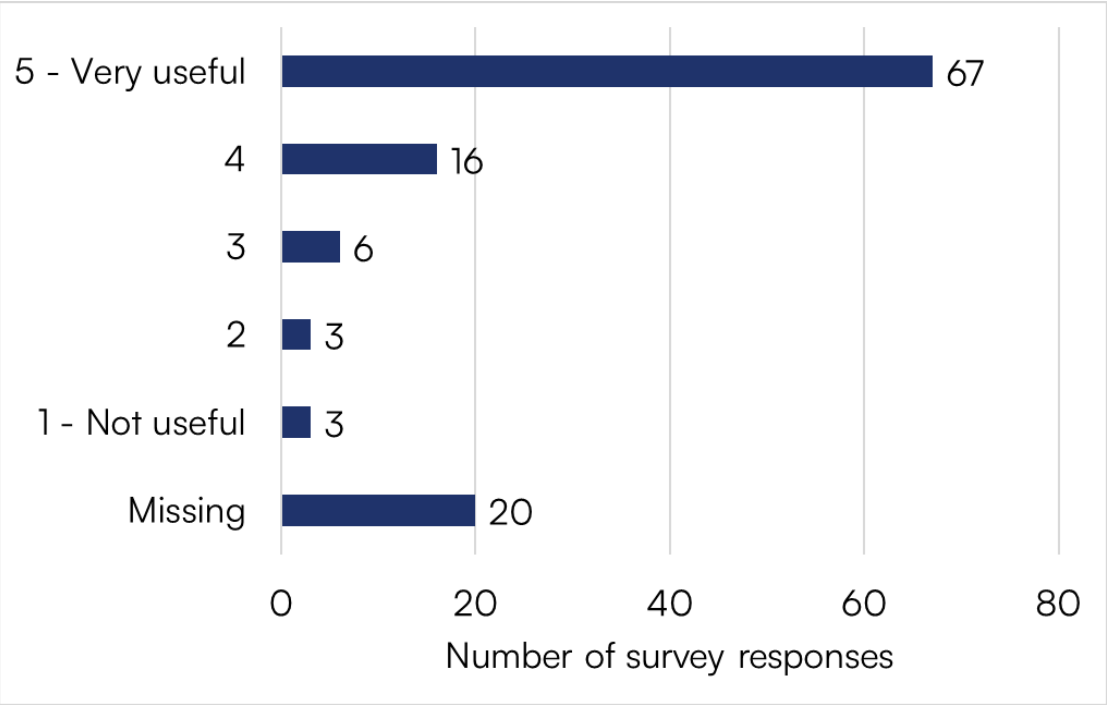
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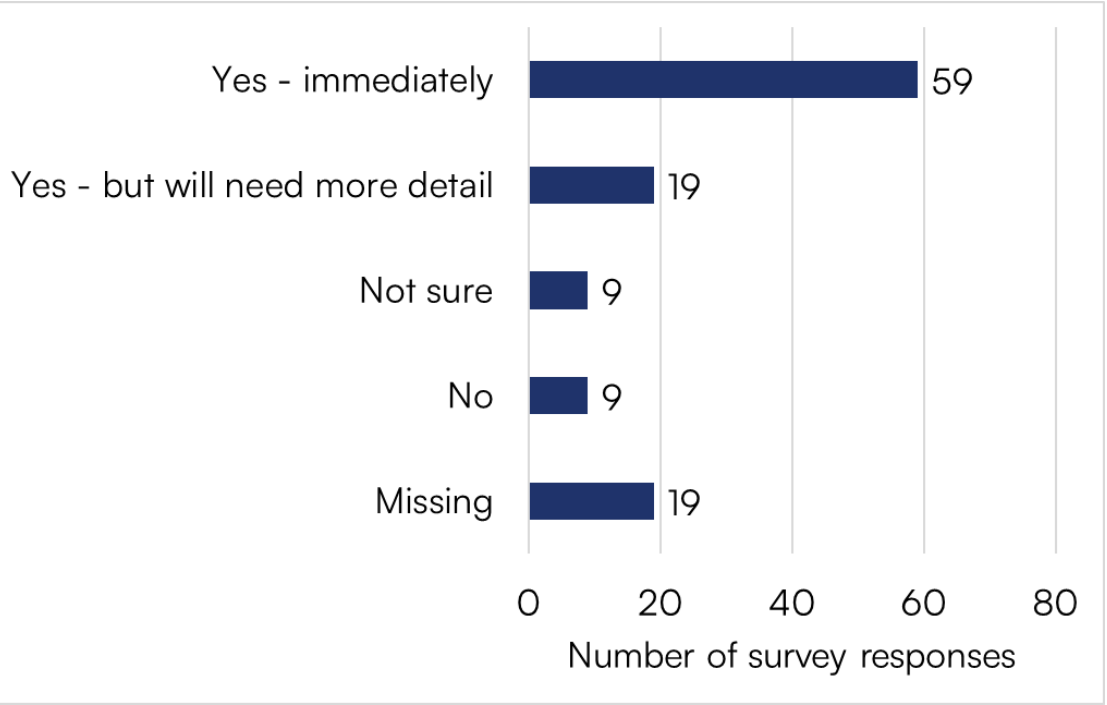
Video Resources: Survey Responses

Total views ~1500 each
Combined responses to surveys embedded in the HLD and Sterilization video websites (N=132)

How useful was this video?

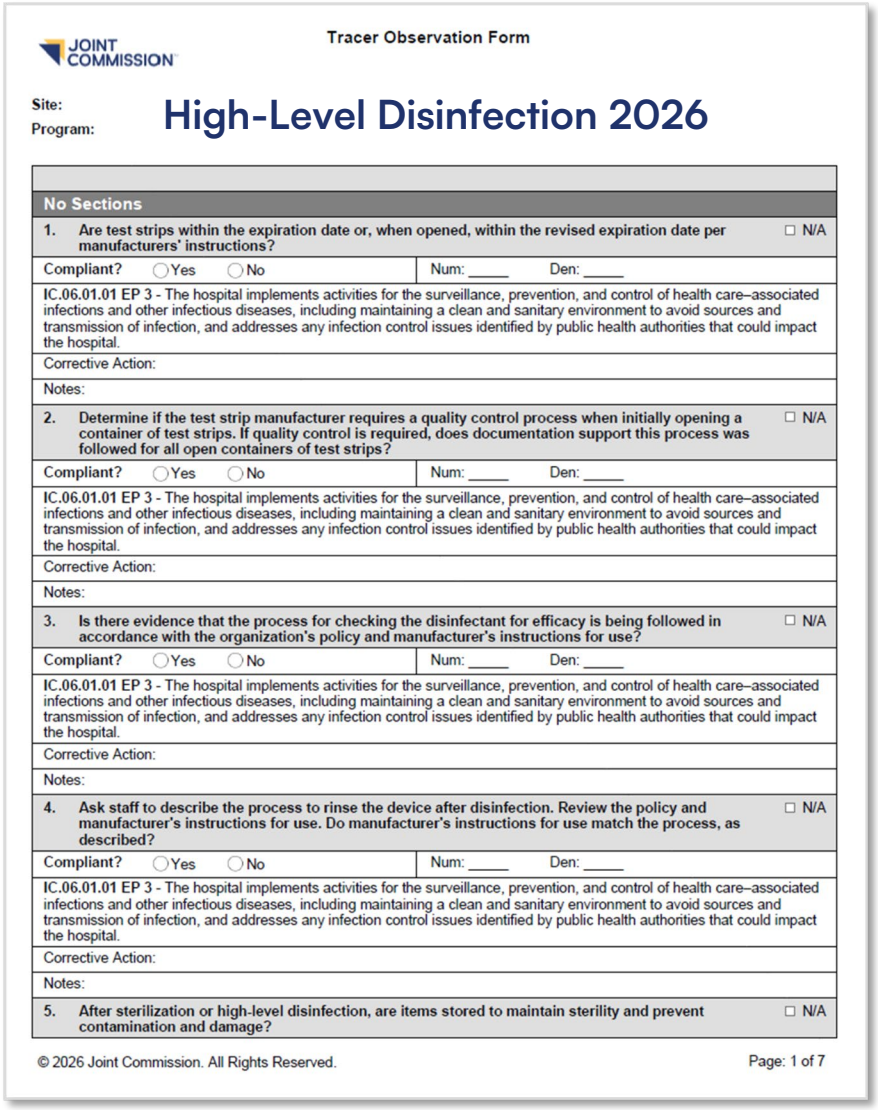


Did this video give you ideas you can apply in practice?



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Tracer Tools Now Available for Free



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Tracer Observation Form

Site:
Program:

High-Level Disinfection 2026

No Sections

1. **Are test strips within the expiration date or, when opened, within the revised expiration date per manufacturers' instructions?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

IC.06.01.01 EP 3 - The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.

Corrective Action:

Notes:

2. **Determine if the test strip manufacturer requires a quality control process when initially opening a container of test strips. If quality control is required, does documentation support this process was followed for all open containers of test strips?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

IC.06.01.01 EP 3 - The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.

Corrective Action:

Notes:

3. **Is there evidence that the process for checking the disinfectant for efficacy is being followed in accordance with the organization's policy and manufacturer's instructions for use?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

IC.06.01.01 EP 3 - The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.

Corrective Action:

Notes:

4. **Ask staff to describe the process to rinse the device after disinfection. Review the policy and manufacturer's instructions for use. Do manufacturer's instructions for use match the process, as described?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

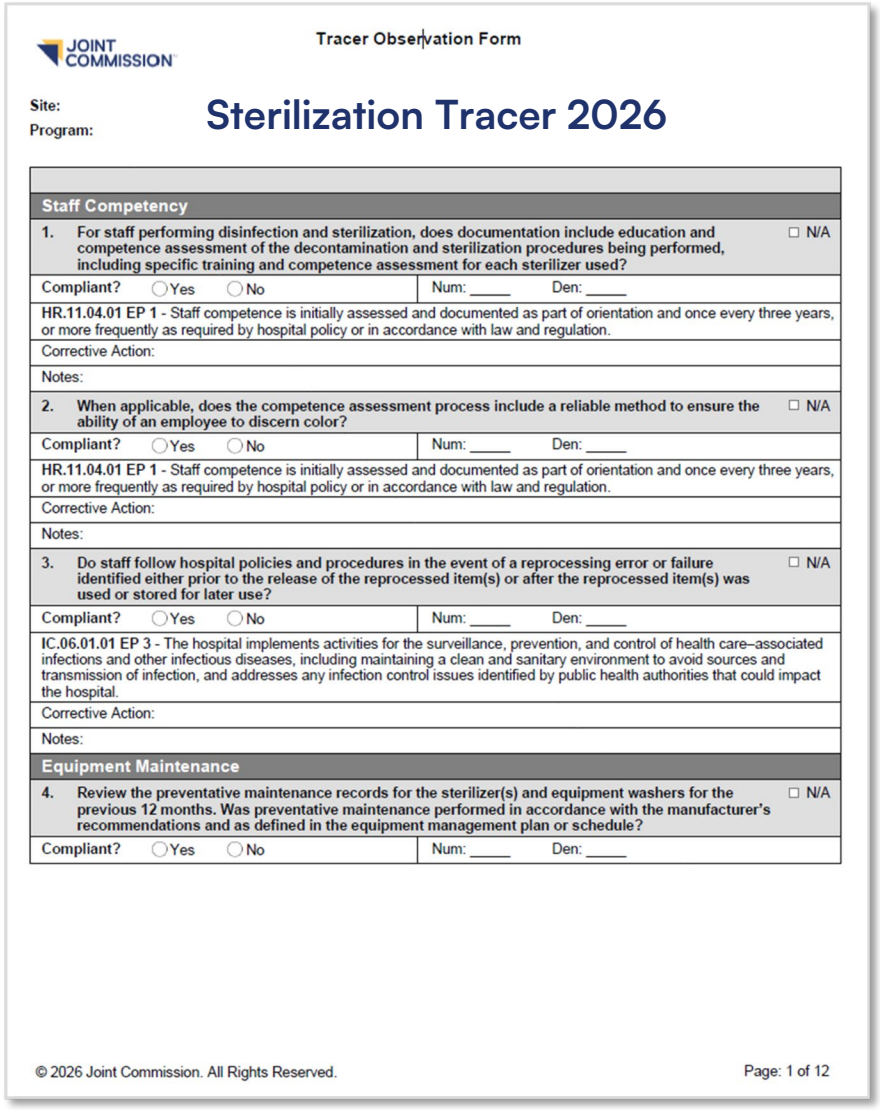
IC.06.01.01 EP 3 - The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.

Corrective Action:

Notes:

5. **After sterilization or high-level disinfection, are items stored to maintain sterility and prevent contamination and damage?** ☐ N/A

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Tracer Observation Form

Site:
Program:

Sterilization Tracer 2026

Staff Competency

1. **For staff performing disinfection and sterilization, does documentation include education and competence assessment of the decontamination and sterilization procedures being performed, including specific training and competence assessment for each sterilizer used?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

HR.11.04.01 EP 1 - Staff competence is initially assessed and documented as part of orientation and once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

Corrective Action:

Notes:

2. **When applicable, does the competence assessment process include a reliable method to ensure the ability of an employee to discern color?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

HR.11.04.01 EP 1 - Staff competence is initially assessed and documented as part of orientation and once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

Corrective Action:

Notes:

3. **Do staff follow hospital policies and procedures in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

IC.06.01.01 EP 3 - The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.

Corrective Action:

Notes:

Equipment Maintenance

4. **Review the preventative maintenance records for the sterilizer(s) and equipment washers for the previous 12 months. Was preventative maintenance performed in accordance with the manufacturer's recommendations and as defined in the equipment management plan or schedule?** ☐ N/A

Compliant? ◯Yes ◯No | Num: ____ Den: ____

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Introducing SAFEST

Adding a new dimension to hospital surveys.
Launched in February 2026, SAFEST allows Joint Commission to identify and share practices that support excellent care.



George E. Wahlen VA Salt Lake City Health Care System

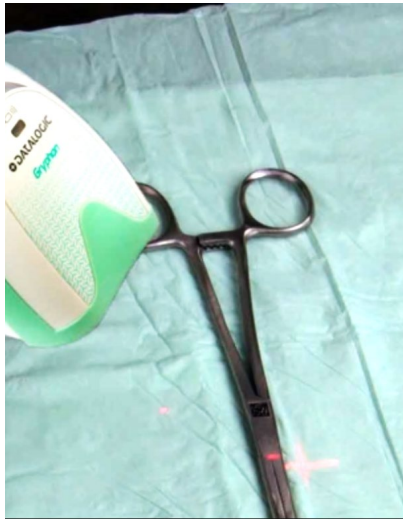
Elevating Sterilization and High-Level Disinfection by Harnessing Technology, Best Practices and Teamwork

What they did

- Enhanced and expanded use of their existing instrument management system (IMS).

How they did it

- Assembled a multi-disciplinary team with leadership support.
- Reviewed all standard operating procedures (SOPs) to ensure alignment with current guidelines. Once complete, they took advantage of a previously unused functionality of their IMS to integrate SOPs directly into the IMS.
- Developed audit tools within the IMS.
- Expanded the use of instrument and device tracking features in the IMS.
  —Implemented instrument and devices scanning procedures to enhance inventory management



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George E. Wahlen VA Salt Lake City Health Care System (2)

Elevating Sterilization and High-Level Disinfection by Harnessing Technology, Best Practices and Teamwork

Key challenges and solutions

- Volume of work was time consuming and overwhelming at times, so they worked to break the larger tasks into manageable units with concrete steps and timelines
- Significant changes made staff hesitant, so they developed a strong communications plan and provided regular and meaningful opportunities for staff input.
- Resources were needed, so they worked closely with leadership to budget strategically.

What they accomplished

- Reusable medical device throughput rose by 61% from FY22 to FY24
- 82% reduction in pre-clean and treatment nonconformities from FY23 to FY24.

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Saint Alphonsus Medical Center- Nampa, ID

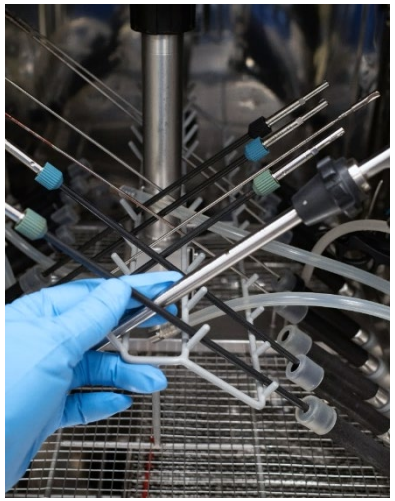
Optimizing Robotic Surgery Instrument Processing Through Standardized Tray Design

What they did

- Standardized robotic surgery instrument trays to address challenges of increases in instrument demands and reprocessing needs posed by robotic surgery.

How they did it

- Created a team led by frontline staff with expertise in robotic surgery and reprocessing and supported by leadership.
- Reviewed equipment used consistently in robotic cases.
  — Validated equipment use data with surgeons.
- Used the equipment use data to redesign trays to include only needed equipment.
- Grouped robotic arms into standardized sets to avoid unnecessary reprocessing.
- Conducted simulation trials with surgeons to test changes.



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Saint Alphonsus Medical Center- Nampa, ID (2)

Optimizing Robotic Surgery Instrument Processing Through Standardized Tray Design

Key challenges and solutions

- Surgeons were concerned about equipment availability so they worked closely with surgeons to review data on instrument use and allowing for some customization when needed.
- Also created a plan to ensure additional instruments and robotic arms were available when needed.

What they accomplished

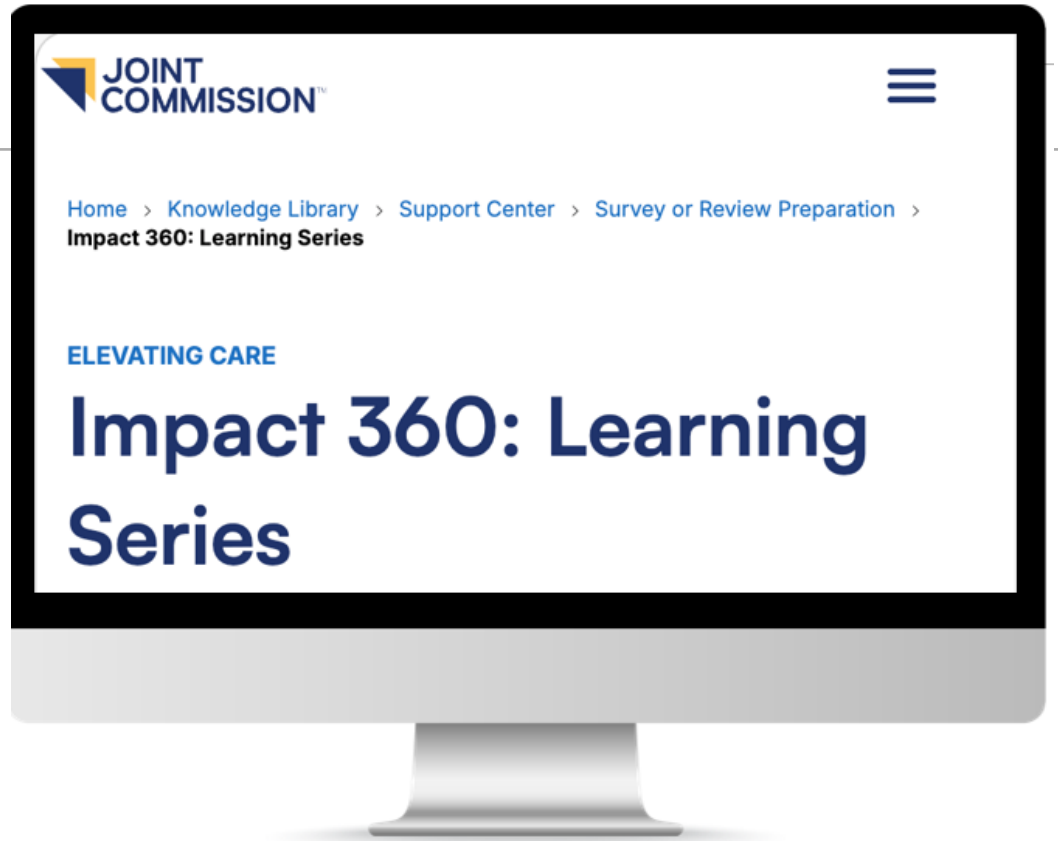
- Robotic surgery turnover times decreased significantly.
- Sterile processing time per robotic case dropped from approximately 45 minutes to 15-20 minutes.
- Reduced unnecessary use of robotic arms.
- Cost savings both from instrument purchasing and staffing.
- Staff reported increased satisfaction and a stronger sense of ownership in departmental improvements.

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What Comes Next

This webinar is just the start

- Building a repository of practical suggestions and resources
- We would love your help in growing that inventory
- Two more scheduled webinars: July 14 and September 15
- Office hours will be available June 23, August 11 and October 13



https://www.jointcommission.org/en-us/knowledge-library/support-center/survey-or-review-preparation/impact-360-learning-series

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Thank You for Keeping Patients Safe!

We want to learn what's worked for you to share with others!

If you have a practical tip or strategy to improve sterilization or high-level disinfection, please connect:

Impact360@jointcommission.org

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Impact 360 Webinar: High-Level Disinfection and Sterilization

Ken Grubbs, DNP, MBA, RN
Chief Nursing Executive and Executive Vice President,
Accreditation and Certification Operations

Date: May 19, 2026

Call to Action

Next Steps

- Organize your teams and ensure leadership commitment
- Evaluate all the locations where re-processing may be occurring
- Implement a quality structure
- Visit our resource page
- Contact us to share leading practices



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Submit a tip or strategy!

We want to learn what's worked for you to share with others!

If you have a practical tip or strategy to improve sterilization or high-level disinfection, please connect:

Impact360@jointcommission.org

Thank You for Keeping Patients Safe!

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Continuing Education Survey and Certificate

Participants are required to evaluate the session to receive Continuing Education Certificate:

- At the end of this webinar all participants will be emailed the link to the program evaluation.
- You can use the below QR code to directly access this evaluation using your mobile device.
- The program evaluation will take approximately five minutes to complete.
- At the end of the evaluation, you will receive an email with the certificate.



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Appendix- Joint Commission Standards for High-Level Disinfection and Sterilization

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Joint Commission Standards for Sterilization & High-Level Disinfection

- **Infection Control Chapter** “The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care—associated infections (HAIs) and other infectious diseases”
- (IC.04.01.01, Element of Performance 4) (CMS requirement §482.42)

The hospital’s policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following:

- Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions
- Use of disinfectants registered by the Environmental Protection Agency for noncritical devices and equipment according to the directions on the product labeling, including but not limited to indication, specified use dilution, contact time, and method of application
- Use of FDA-approved liquid chemical sterilants for the processing of critical devices and high-level disinfectants for the processing of semicritical devices in accordance with FDA-cleared label and device manufacturers' instructions

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Joint Commission Standards for Sterilization & High-Level Disinfection (cont. 1)

continued

The hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following:

- Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high-level disinfection
- Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment
- Criteria and process for the use of immediate-use steam sterilization
- Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use

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Joint Commission Standards for Sterilization & High-Level Disinfection (cont. 2)

Notes

Note 1:

The Spaulding classification system classifies medical and surgical devices as critical, semicritical, or noncritical based on risk to the patient from contamination on a device and establishes the levels of germicidal activity (sterilization, high-level disinfection, intermediate-level disinfection, and low-level disinfection) to be used for the three classes of devices.

Note 2:

Depending on the nature of the incident, examples of actions may include quarantine of the sterilizer, recall of item(s), stakeholder notification, patient notification, surveillance, and follow-up.

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