



## Pioneers in Quality On Demand Infection and Prevention and Control for Behavioral Health and Human Services

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The learning objectives for this session are: Discuss the rationale for Infection Control standards rewrite, explain the structure and content of the new Infection Control Standards and Elements of Performance, demonstrate application of the new Infection Prevention and control Program Assessment Tool.

All staff and speaker have disclosed that they do not have any conflicts of interest. For example, financial agreements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

I will now take a moment to introduce the speakers of this webinar.

Today's presentation features Beth Ann Longo from the Department of Research, Natalya Rosenberg from the Department of Global Accreditation and Certification, Product Development, Tiffany Wiksten from the Division of Accreditation and Certification Operations, also known as ACO, and I'm Jessica Woodruff, project manager in the Department of Performance Measurement here at The Joint Commission, and today I'll be serving as the webinar moderator.

Natalya, I will now turn it over to you to provide an introduction about the behavioral health requirements.

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Good afternoon, everyone. It is our pleasure to present to you today on the new Joint Commission Infection Control Standards for the Behavioral Healthcare and Human Services Accreditation Program. My name is Natalya Rosenberg, and what I'm going to cover in the first part of the presentation is to give a brief high-level overview of the key changes in The Joint Commission and Infection Control requirements for behavioral healthcare that go into effect in July 2025.

In the second part of the presentation, my colleague Tiffany Wiksten will go over the revised standards in greater detail and provide key points that organizations need to understand to successfully meet compliance with the revised requirements.

The Infection Control standard revisions that we are discussing today are the results of the Infection Control chapter rewrite initiative that The Joint Commission began two years ago. The goal of the project is to streamline the Infection Control chapter for all accreditation programs. Programs such as hospitals, critical access hospitals, home care, long-term care already had their revisions completed.

To summarize, the changes for behavioral healthcare organizations go into effect in July 2025. The Infection Control chapter underwent a full rewrite and will replace the current IC chapter. The changes are consistent with the ongoing wider initiative at The Joint Commission to simplify its requirements and provide more meaningful evaluations of healthcare organizations. We remove requirements that do not add value to accreditation surveys. The revised requirements are also more closely aligned to the Centers of Disease Control and Prevention or CDC Core Infection Prevention and Control Practices that include standard precautions.

What will the new Infection Control chapter look like?

First, note the new numbering for the standards, beginning with IC.04.01.01. Existing standard numbers in the Infection Control chapter will be retired as of July. The standards will become much more high-level, condensed, and reorganized. This graphic depicts the change in the Infection Control chapter standard and Elements of Performance count as a result of the rewrite. In the current chapter structure, there are 11 standards and 40 Elements of Performance. In the future state, beginning in July, the Infection Control chapter will have two standards and seven Elements of Performance. To help organizations see how the key concepts have migrated from the old chapter to the new chapter, we provided a reference guide that is posted on our website along with the pre-publication standards. Please access this document on the standards pre-publication page on the [jointcommission.org](https://www.jointcommission.org) site and examine those details.

Now a few words about the standards that were eliminated from the Infection Control chapter. We deleted the standard IC.01.01.01 on assigning an individual to be responsible for the Infection Prevention and control program. We also deleted the requirement IC.03.01.01 EP 6 that requires to communicate findings from the Infection Control program evaluation annually to leadership. Organizations will still need to determine how oversight of Infection Control activities is ensured and any issues related to leadership and oversight will be cited at LD.02.03.01 EP 1.

To continue with the requirements that were eliminated in the Infection Control chapter, the standards IC.01.04.01 on written Infection Control goals and IC.01.05.01 on documentation of planned Infection Control activities were deleted. Organizations can still deploy these processes to support the Infection Control activities. However, The Joint Commission will no longer evaluate these requirements during our surveys.

Next, The Joint Commission determined that the standard IC.01.06.01 on preparing to respond to an increased number of infectious individuals was redundant to the emergency management requirements, and therefore, the standard was eliminated.

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Finally, the standard IC.02.04.01 on staff vaccination rates, goals, and data was retired as well. Organizations ought to follow their policies and procedures on influenza vaccination and would still need to adhere to any relevant state or local regulation.

Next, let's discuss the concepts that were retained. There still will be requirements on the following: adherence to nationally recognized guidelines and standards of practice, such as standard precautions; annual assessment of risk for infection, contamination, and exposure; evaluation of activities and action plans when issues arise.

Finally, the NPSG.07.01.01 on hand hygiene and goals was retained. What was added to the revised Infection Control chapter? The chapter will now have a requirement on linen management that applies to 24-hour group and residential settings.

Now let's look at the new structure of the Infection Control chapter from a high level. This graphic depicts the two foundational parts in the new Infection Control chapter. The first part is what we will call a Set Up a Program part, and it is represented by the new standard IC.04.01.01. Requirements on program policies and resources will live in IC.04.01.01. The second part is the do IC activities part, and it is represented by the new standard IC.06.01.01. The standard will contain requirements related to risk assessment, implementation of Infection Control activities, including management of linen and action plans to address any identified Infection Control issues.

As we said earlier, the standards are becoming more high-level and there's a significantly lower number of Elements of Performance in the future Infection Control chapter.

However, the fundamentals of Infection Prevention and Control are not changing. Behavioral healthcare organizations must continue to adhere to many Infection Control activities to provide safe care to individuals served. Going forward, those detailed expectations will be provided in the program-specific Infection Prevention and control assessment tool. A screenshot of the tool is shown here. A new standards applicability grid, which shows the settings and services in the program where Infection Control standards apply, is placed at the beginning of the tool for a quick reference.

What is the purpose of the tool? The tool provides details and clarification on requirements, identifies activities that could be evaluated during survey, and includes new standard number references. This tool will be added to the organization survey activity guide in the spring 2025.

The tool is already available to accredited behavioral healthcare organizations on the extranet. The exact location is provided on the slide. In the Survey Process tab, locate Pre-Survey menu, then click on Survey Activity Guide. Next, scroll down to Additional Resources section. Thank you for your attention, and I will now turn it over to Tiffany Wiksten who will present the next segment of the presentation.

Thank you for that wonderful introduction to the Infection Control standards, Natalya. I'm now going to dive into the highlights of the updated Behavioral Health Infection Control Standards that are effective on July 1st or 2025.

First, as Natalya referenced, I want you to take a look at the applicability grid that is in the Infection Prevention and Control assessment tool. Take a look at the settings and services that are identified across the top of the grid and determine which of those that pertain to the settings and services that your organization provides. This is going to be important for you to determine which Infection Control standards and Elements of Performance apply to your settings and services.

As Natalya referenced in the beginning of the presentation, we're going to talk about the structure of the updated Behavioral Health Infection Control standards. We're going to talk through IC.04.01.01. The organization establishes processes for the prevention and control of infections and communicable diseases, which really pertains to your program planning. In IC.06.01.01, the organization implements activities for the prevention and control infections and communicable diseases, which pertains to the implementation of your Infection Prevention and Control activities. Let's get started.

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First, IC.04.01.01. The organization establishes processes for the prevention and control of infections and communicable diseases.

We start with organizational policies and procedures. IC.04.01.01 EP 3 requires organizations to have policies and procedures that are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice, including the use of standard precautions. So I want you to think about applicable law and regulation, such as OSHA Bloodborne Pathogen Standard or any state administrative code that your organization may have to follow. Keep in mind, standard precautions includes the following: Hand hygiene, environmental cleaning and disinfection, injection and medication safety if applicable to your organization, the appropriate use of Personal Protective Equipment based on the nature of the interaction, and potential for exposure to blood, body fluids, and/or infectious material, minimizing potential exposures, including respiratory hygiene and cough etiquette: cleaning and disinfection of reusable medical equipment between each patient and when soiled if applicable to your organization.

So remember that standard precautions are implemented in all healthcare settings, no matter where healthcare is delivered, and is really aimed at preventing the transmission of infections between patients and protecting the healthcare worker from exposure to potentially infectious organisms. If your organization uses and manages temporary invasive medical devices, so think about patients that have intravascular catheters or urinary catheters, your organization should have a policy and procedure on the management of invasive medical devices used among your organization's population. And if your organization uses Point-of-Care testing devices, the number one example is blood glucose meters or glucometers, your organization must have policies and procedures regarding cleaning and disinfection after every use according to the device and disinfectant manufacturer's instructions. So make sure, when you're looking at your glucometers, that you are ensuring that they're approved for use for multiple patients and that you're following the manufacturer's instructions for use for the choice of disinfectant product as well as following the disinfectant products instructions for use for things like contact or wet time.

Next is supplies. IC.04.01.01 EP 9 requires organizations to provide supplies to support Infection Prevention and Control activities. Supplies include things like supplies that are necessary for adherence to hand hygiene, so making available alcohol-based hand rub, soap, water, and a sink, and making sure they're readily accessible in all areas where patient care is being delivered, of course, as appropriate to your setting and the patient population that you serve. Alcohol-based hand rub should be readily accessible and placed in appropriate locations where it can be accessed by staff, individuals served, and visitors. These locations may include entrances to facilities or care areas, staff workstations, or residential areas, as appropriate.

The organization must determine, based on a risk assessment, what Personal Protective Equipment is available, such as gloves, gowns, or masks, based on the nature of care interactions and potential for exposure to blood, body fluids, and/or infectious materials. This is an important requirement that is tied directly to the OSHA Bloodborne Pathogen Standard, OSHA Personal Protective Equipment Standard, and OSHA Respiratory Protection Standard. Examples of other supplies also include staff having access to disinfection supplies when needed, so when needed to clean supplies such as glucometers or patient care equipment that's used for multiple patients.

IC.06.01.01, the organization implements activities for the prevention and control of infections and communicable diseases. This is all things implementation, so essentially your staff putting into effect policies and procedures that your organization develops.

First, start with the risk assessment. We're going to start with IC.06.01.01 EP 1, which requires organizations to prioritize the Infection Prevention and control programs activities and determine what resources are necessary for the program. The organization should identify risks for infection, contamination, and exposure that pose a risk to individuals served and the staff based on the following: Consider the care treatment and services provided. So think about patients who may participate in group therapy where staff and patients are all in close proximity to each other; consider different modalities of therapy that are provided, so recreational therapy, exercise therapy, or other group therapies where patients may share pieces of equipment.

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Consider areas where congregation may also occur, such as in the activity room or in an entertainment area or during congregation during meals. Also, consider relevant Infection Control issues identified by local, state, or federal public health authorities that could impact the organization. Most commonly, this is usually related to respiratory viral illnesses that are prevalent in the community that may impact patients who are coming to seek your services, but this could also be on a wider scale. Think about when COVID-19 first started and we were watching how COVID-19 moved from areas that were nowhere near us to getting closer to our organization where we might have to implement different levels of screening or implementation of transmission-based precautions. And then you should consider risk from organisms with a propensity for transmission within healthcare and residential facilities. Oftentimes, in these group settings where there's congregate activities, you have to consider things, such as transmission of respiratory viral illness between patients and residents, consider things like norovirus or even scabies.

Next, IC.06.01.01 EP 2 requires the organization to review the identified risks at least annually or whenever significant changes in risks occur. So for example, if you do your risk assessment every year in January, but come February or March, there's a local infectious disease outbreak that you didn't consider in your risk assessment In January, you want to reevaluate your risks and add that new risk that you've currently identified.

So a little note here is that risk identification may be based on auditing activities and identified lapses Infection Prevention and control practices. If you use these wonderful assessment checklists from established authorities, make sure they're capturing all of the data that you're seeking to gather.

Next, we're going to talk about implementation of Infection Control activities. So this is IC.06.01.01 EP 3. The organization implements activities for the prevention and control of infections and communicable diseases, including the use of standard precautions.

Now, the one caveat in the behavioral health setting is that standard precautions, of course, needs to be implemented, but how they're implemented might look a little bit different dependent on the setting, the nature of the patients that you're providing care for, the risk levels. So when you're looking at things like hand hygiene, you may have a different model for hand hygiene than you might have for an inpatient location where alcohol-based hand sanitizer is outside of every room. So think about the implementation of your Infection Control activities in the context of the population that you serve and making sure that you're identifying and mitigating any risks in that population that you serve. Standard precautions includes things like hand hygiene, safe injection practices, environmental cleaning and disinfection, Personal Protective Equipment, minimizing potential exposures, cleaning and disinfection of reusable equipment, and invasive medical devices. We're going to dig into each one of these a little bit more deeply.

So the guidelines that you're going to find on these next few slides actually come straight from that Infection Prevention and Control assessment tool. So if you download that tool and you have it at your fingertips, you are going to have this same information that we're going to talk about in the next few slides. Hand hygiene needs to be performed at minimum as follows, and these are the important key moments when you're going to break transmission of infectious organisms between the healthcare worker and the patient so that there's not the potential spread of infectious organisms between healthcare worker and patient or between patients. Hand hygiene should be performed at minimum before contact with an individual served; before performing an aseptic task, so insertion of an IV, preparing an injection, or performing wound care; after contact with the individual served; after contact with blood, body fluids, or contaminated surfaces; moving from a contaminated body site to a clean body site during direct care; and after removal of Personal Protective Equipment, even gloves.

So remember, after glove removal, hand hygiene must be performed. For more details on the opportunities for hand hygiene, you're going to want to reference CDC guidelines for hand hygiene or World Health Organization guidelines for hand hygiene, and you can also reference National Patient Safety Goal 07.01.01 for additional guidance on hand hygiene.

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Safe injection practices includes use of aseptic technique when preparing and administering medications in an area that has been cleaned and separated from potential sources of contamination. So think about preparing injections away from areas where there may be body fluids, sinks, or other water sources. Not reusing needles, lancets, or syringes for more than one use on one individual served. Please consider if you see a lancet-holding device at your organization, those are intended for use for only one patient and should not be used for multiple patients.

Next, not administering medications from a single-dose vial or ampoule to multiple individuals served and ensure that you're using fluid infusion and administration sets for only one individual served, making sure to appropriately dispose of them after use. Also, considering a syringe or needle or cannula contaminated once it has been used to enter or connect to an individual's served intravenous infusion bag or administration set. Entering medication containers with a new needle and new syringe even when obtaining additional doses for the same individual served, and dedicating insulin pens for a single individual served and never sharing, even if the needle is changed.

Last, disposing of sharps in accordance with applicable state and local laws and regulations.



Next, let's move on to environmental cleaning and disinfection. Make sure your organization is using EPA-approved cleaners and disinfectants, including disposable wipes, in accordance with the manufacturer's instructions for use. So this means if you have a product that requires dilution prior to use, that the product is being diluted per the manufacturer's instructions for use, that the items are being stored appropriately in appropriate locations, looking at shelf life or expiration date. If it's a product that needs to be mixed before it's used, it may have a shortened shelf life or time that it can be used for, such as 12 or 24 hours after mixing, or your products may have an expiration date. So those wipes oftentimes have an expiration date on them. And then ensure staff are following the contact time. The contact time is the wet time, the time that the surface has to remain wet. So it's not the time that you wipe it and when you come back five minutes later, if it's dry, it has to remain wet for the manufacturer's specified contact time. So the product may need to be reapplied after the first application to ensure it stays wet for the entire time.

For Personal Protective Equipment, staff have to have immediate access to Personal Protective Equipment and are able to select, put on, remove, and dispose of the Personal Protective Equipment in a manner that avoids contamination, so contamination of themselves and contamination of the environment. Staff should wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucus membranes, non-intact skin, potentially contaminated skin, or contaminated equipment could occur. Staff must change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site. And last, staff must wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.

When it comes to minimizing potential exposures, the organization should prompt individuals served and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, and hand hygiene supplies, as well as instructional signage or handouts at points of entry and throughout the organization. These serve as really important reminders. When we look at cleaning and disinfection.

Consider that reusable medical equipment, which includes things like blood glucose meters, blood pressure cuffs, and pulse oximeter probes, should be cleaned and disinfected prior to use on another individual and when soiled. Staff should maintain separation between clean and soiled equipment to prevent cross-contamination. So look in your areas where clean equipment is stored, and make sure that items are visibly clean and that staff know how to clean and disinfect items before placing them in a clean location. Single-use equipment should be discarded after use and should never be reused for another patient. And point-of-care devices intended for individual use should never be used for multiple individuals. The example is a glucometer and a lancet-holding device that are intended for individual use by the manufacturer should never be used for multiple individuals.

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Next, Invasive Medical Devices. Staff must adhere to invasive medical device maintenance practices in accordance with organization policies and procedures that are built in alignment with law and regulation, manufacturer's instructions for use, and any required or chosen evidence-based guidelines.

Action plans, IC.06.01.01 EP 6 requires organizations to develop and implement action plans when Infection Control issues arise, including non-adherence with Infection Control policies and procedures. So the note here is that organizations should evaluate and revise your action plans as needed. So actions may include things like changes to policies, procedures, or practices; education for individuals served, caregivers, and staff regarding transmission of communicable diseases and prevention of infections; and development of process metrics that could be used to monitor and address identified issues. So an example is Infection Prevention and Control observations for technique. These are crucial observations because they're going to identify earlier in the process when there are lapses in Infection Prevention and Control activities that could lead to outbreaks or clusters of infection down the road if you don't identify them and implement action plans early.

And last, management of linens. So IC.06.01.01 EP 8 is only applicable to certain locations, so make sure that you reference the applicability grid that's in the beginning of the Infection Prevention and Control assessment tool. IC.06.01.01 EP 8 requires staff to handle, store, process, and transport linens in accordance with local or state regulations. This is to make sure we're managing soiled linens in a manner to not spread the soiling or contamination to staff, patients, or the environment, as well as managing clean linens to ensure they are protected from contamination until they are used for the next patient. So staff need to handle, store, process, and transport linens in accordance with local or state regulations. Soiled textiles and laundry are handled with minimum agitation to avoid contamination of air, surfaces, and persons. And clean textiles or linens are covered if stored in a clean area or may be uncovered if stored in a dedicated clean storage area. This concludes my portion of the presentation.

Jessica, I turn it over to you. Thank you.

Thank you, Tiffany. Before we end today's webinar for IPC Behavioral Health and Human Services Requirements, we would like to highlight some of the resources that are available on the Infection Prevention and Control Resource Center.

This Resource Center offers curated collections of resources with actionable strategies and tools for Infection Prevention and control professionals, from novice to expert, to support their efforts in complying with Joint Commission accreditation requirements for Infection Control and antibiotic stewardship. The Resource Center includes search capabilities by setting, topic, Joint Commission standard, pathogen, and HAI type. Users can sign up for e-alerts to be notified when the new resources are added.

We will now share a demo that illustrates navigation to the IPC Resource Center.

Hello, my name is Beth Ann Longo, and I'd like to take a few minutes to tell you about The Joint Commission's Infection Prevention and Control & Antibiotic Stewardship Resource Center. How to access it and how to navigate the site.

Effective Infection Prevention and Control practices along with antibiotic stewardship are essential for preventing disease spread, safeguarding vulnerable populations, and maintaining a safe environment. The Joint Commission supports healthcare organizations as they work to develop comprehensive programs to protect the health and safety of patients and staff. Pointing organizations to resources that help them comply with requirements is one way we can demonstrate our support.

I'm going to show you the Resource Center in a few minutes, but let's first look at a few screenshots so you can familiarize yourself with how to get there and how the Resource Center is organized.

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First, to access the Resource Center, you'll go to The Joint Commission's website, [www.jointcommission.org](http://www.jointcommission.org). You'll click on the Our Priorities, which is on the blue bar toward the center of the website page. Click on that, and what will happen then is you'll see this box kind of cascade open. And on the far left, you'll scroll down until you see Infection Prevention and Control. Following that over to the right, you'll then see two links. There's the first link that says Infection Prevention and Control, and then under that is the Resource Center. Now, I would strongly encourage you to start with that first link, Infection Prevention and Control, as there is some really good information that we've provided there for you. And then the Resource Center link will bring you directly to the Resource Center. But once you're familiar with the information on that first link, if you want a shortcut to get directly to the Resource Center, you can certainly use that second link.

Another key feature of the Resource Center is the Hierarchical Guide to Compliance. So to help organizations meet requirements, we've put this guide right in the Resource Center. So here you can see the various approaches to compliance, starting with Rules and Regulations. What you can do here, for each of these blue boxes on the right here, you can click on each one by clicking on the little plus sign on the right side of that blue box. It will cascade open, and then in this blue box to the left, you can see an example for Rules and Regulations. It cascades open, and then it provides some examples of what we mean by Rules and Regulations. And then to minimize that box, you can just click on that little minus sign.

We also included a summary of the revised Infection Control requirements. Simply click on the plus sign of your program, which is located on the right side of the box, and a box will expand that provides a summary of standards and Elements of Performance. Please note that for programs other than HAP and CAH, we will populate these boxes as the revised requirements are implemented.

Now, there are several ways you can navigate the Resource Center. You can search by setting, by standards, by HAI type, topic, or pathogen, and you can also access Frequently Asked Questions about specific standards from this page. And again, I'll show you in just a minute when I do an actual demo.

To begin your search for resources, you'll want to start by selecting your accreditation program. So on this page, you'll see that the filter boxes are on the left side of the screen. The top filter box is a list of the accreditation programs, so tick the box that is applicable to your organization. The filter boxes under that allow you to filter, as I mentioned, using other search criteria, such as HAI type, or topic, or the actual standard itself, or pathogen. Once you've made all of your search criteria selections, the resources will be narrowed and they'll populate on the right side of the screen.

Now, note that to clear search criteria, you can either uncheck the box or you can click on the X in the upper right corner of the filter box. Now, once you have finished making your selections, links to your resources will populate on the page just to the right of those filter boxes.

Just a quick note about a couple other features of the Resource Center before I do a quick demo for you. You can sign up for e-alerts to be notified when new resources are added, and we encourage you to do so. You'll also see a pop-up widget called Hotjar, which is a mechanism for getting your feedback on the Resource Center. Please share your feedback so we can continue to make improvements.

Now, on this slide, you'll see in those five blue boxes, those are the questions that will be asked with that feedback pop-up. And this is optional, of course, but we do encourage you to provide this feedback. And we ask questions such as, are you able to navigate the site easily and access resources? That's a yes or no. And then others, "How likely you are to use the resources that you found on the site?" "How likely you are to revisit the site?" "Are there resources that you feel we should consider adding?" And if you answer yes to that, then there's an opportunity for you to tell us about what that resource is so that we can be sure to evaluate that and add that to the Resource Center if it meets our criteria.

And before we do the demo, I just want to mention that we will continue to look for practical resources that are suitable for various healthcare settings. So we do encourage you to visit the Resource Center from time to time, sign up for the e-alerts as I mentioned, and we hope that you'll find that these resources help you to meet the requirements.

Now let's navigate to the site for a sneak peek.

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To get to the Infection Prevention and Control & Antibiotic Stewardship Resource Center, you first need to go to The Joint Commission's website at [www.jointcommission.org](http://www.jointcommission.org). You'll then go to Our Priorities, which is in the center of the blue bar. If you click there, scroll down to Infection Prevention and Control, click, and then click again on Infection Prevention and Control. That will take you right to the landing page.

So on this page, as I previously mentioned, one of the key features of the Resource Center is this Hierarchical Guide to Compliance. If you click on each of these blue boxes, a little plus sign on the right-hand side, each of these boxes will expand, and it will provide some examples. So in this particular example, Rules and Regulations. We have CMS Requirements, Manufacturer's Instructions, and so on. Scrolling down this page, you can look at the summary of requirements by program.

As the other programs become available, we will be sure to populate them here as well. So in each of these light gray boxes, you'll just click the plus sign on the right-hand side, and you'll find that that box expands open, and you'll find a summary of each of the standards and the related Elements of Performance. As you continue to scroll down the page, at the very bottom, you'll see a yellow box that says Visit the Resource Center, and you'll want to click there.

On this page, you'll read a little bit about the Resource Center, sign up for e-alerts, as I mentioned, which is important if you'd like to be alerted whenever we're adding new resources. And then we just talk a little bit here about the various ways that you can navigate the Resource Center. These are the various search criteria. And then as I pointed out, you can click on Browse FAQs to find answers to frequently asked questions about any of the specific requirements. And then again, scrolling down on this page, we get to the various resources. So you want to start by selecting your healthcare setting or accreditation program. So I'm going to just click on Hospital. We have 157 resources that are relevant to the hospital setting, but let's narrow our search. So let's say you want to identify resources that are specific to appointing a qualified Infection Preventionist. So we're going to click on IC.04.01.01 EP 1, and you can see we have a couple of resources here. Now, if you want to clear those filter criteria, you can either untick the box, or you can just simply click on the X in the upper right corner of the filter box, and that will clear everything for you. As I mentioned before, you can select by topic, by Healthcare-Associated Infection, and by pathogen type.

Now, I do want to just point out something a little bit different with a pathogen type. You'll notice that there aren't any of the little boxes ahead of these labels. That's because these are actual headers. So for example, if I click on Multi-Drug Resistant Organism, what pops up then are various types of MDROs. This will help you to narrow your search a bit more when you're looking for specific resources. If you want to go back, you can just simply click All Categories, and it will bring you back to your full pathogen type list.

Finally, there are two other features I'd like to point out. One, in the lower left corner of the screen, there is a little pop-up widget. We call this the Hotjar, and it is a feedback mechanism. And we do encourage you to provide some feedback, if you would be willing to do so. There are a few questions that we ask, starting with, are you able to navigate the site and easily access information and resources? And then there are a few other questions pertaining to your intent to revisit the Resource Center from time to time, whether or not you found the resource you were looking for, or if you were looking for a specific resource and weren't able to find it. There's an open text field where you can tell us what that resource was so that we can take a look at it and then add it to the Resource Center for others.

And then the last feature I wanted to just draw to your attention is this navigational bar here. This is a shortcut navigational bar where you can simply just click on it and it quickly jumps to that place on the page. That was on that other page as well. Again, it just helps you, once you're familiar with the Resource Center, it helps you to get where you're going to a little more quickly.

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This concludes the navigational demo of the Infection Prevention and Control & Antibiotic Stewardship Resource Center. We hope that you have found this to be helpful. Thank you for your time.

Thank you, Beth Ann. Moving on to our closing.

We've included an additional resource slide and provided links to direct you to: Behavioral Healthcare and Human Services Accreditation Program Publication Standards, January 2025 Perspectives Article, IC Chapter Fully Revised for Behavioral Healthcare Organizations and Office-Based Practices, and CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings.

To ask questions about the standards or resources, please use the inquiry form at this address,

[dssminquiries.jointcommission.org](https://dssminquiries.jointcommission.org). Please note, Joint Commission staff closely monitor this portal.

For questions regarding webinar operations or CEs, please submit them via email to [pioneersinquality@jointcommission.org](mailto:pioneersinquality@jointcommission.org).

All Pioneers in Quality webinar recording links, slides, transcripts, and Q&A documents can be accessed on The Joint Commission's webpage via this link, [www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/pioneers-in-quality-general-sessions/](https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/pioneers-in-quality-general-sessions/).

After this webinar is no longer available for CE credit, the recording and materials will remain accessible at that link.

Before the webinar concludes, a few words about the CE survey. We use your feedback to inform future content and assess the quality of our educational programs. As explained earlier in the webinar, a QR code is shown on the last slide. If you prefer to take the CE survey later, an automated email also delivers the link to the survey.

At the end of the survey, when you click Submit, you will be redirected to a page from which you can print or download a PDF CE certificate. In case you log off without downloading or printing your CE certificate, an automated email will also be sent to you that includes the link. This email is sent to the email you provide within the CE survey.

Thank you Beth Ann, Natalya, and Tiffany for developing and presenting the content for this webinar. And thanks to all of you that attended this On Demand webinar. We will now pause on this slide for several moments to permit those that wish to use the QR code to scan it with their mobile device. Thank you, and have a great day!