



## Pioneers in Quality On Demand Infection and Prevention and Control for Home Care (OME) Organizations

**Recorded: November 2024**

(00:01):

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

These staff and speakers have disclosed that they do not have any Conflicts of Interest. For example, financial arrangements, 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.

Natalya Rosenberg, Tiffany Wiksten, and myself, Jessica Woodruff.

I'll now take a moment to introduce the speakers for this webinar. Today's presentation features Natalya Rosenberg from the Department of Global Accreditation and Certification Product Development and Tiffany Wiksten from the Division of Accreditation and Certification Operations, also known as ACO.

Natalya, I'll now turn it over to you to provide an introduction about the requirements.

Thank you, Jessica. Good afternoon everyone. It is our pleasure to present to you today on the new Joint Commission Infection Control Standards for the Home Care Program. My name is Natalya Rosenberg and what I'm going to cover in my first part of the presentation is to give a brief high level overview of the key changes in The Joint Commission Infection Control requirements for organizations in the Home Care Program. These requirements go into effect in January 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.

(05:39):

The Infection Control standard revisions that we are discussing today are the result of the Infection Control 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. The updated Infection Control Chapter for Critical Access hospitals and hospitals already went into effect in July 2024. The changes for the home care program as well as the changes for the Assisted Living Community and the Nursing Care Center programs will go into effect on January 1st, 2025.

The Infection Control Chapter in these programs underwent a full rewrite and will replace the current Infection Control Chapter. The changes are consistent with the ongoing wider initiative, the Joint Commission to simplify its requirements and provide more meaningful evaluations for healthcare organizations. We removed requirements that do not add value to accreditation surveys. The revised standards aligned more closely to the mandatory components that organizations must follow, such as law and regulation and the Centers for Medicare and Medicaid conditions of participation. The revised requirements are also more closely aligned to the Centers for Disease Control and Prevention Core Infection Prevention and Control practices, which include standard precautions.

What will the new Infection Control Chapter look like? First note, the new numbering for the standards starting from IC.04.01.01 existing standard numbers in the IC Chapter will be retired as of January.

The standards will become much more high level than reorganized. This graphic depicts the transition between the old Infection Control Chapter standards and Elements of Performance count and the new infection control chapter standard and Elements of Performance count. In the current chapter. There are eleven standards and 50 Elements of Performance.

In the future state, beginning in January, the Infection Control Chapter will have two standards and eight Elements of Performance. To help organizations see how the key concepts have migrated from the old chapter to the new, 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 of the [jointcommission.org](https://www.jointcommission.org) site and examine those details.

A few words about the standards that were eliminated from the Infection Control Chapter, the standards IC.01.01.01, IC.01.04.01, IC.01.05.01, and IC.03.01.01 covered, assigning a responsible leader having written Infection Control goals, planning, and evaluation of infection control activities. These standards were deleted. Organizations can still deploy these processes to support the infection control activities. However, the Joint Commission will no longer treat these as requirements to evaluate during Joint Commission surveys. IC.02.04.01 on staff vaccination rates, goals and data will be eliminated as well. Organizations ought to follow their policies and procedures and would still need to adhere to any relevant state or local regulation. To continue with the requirements that were eliminated in the Infection Control Chapter, another standard that was deleted is IC.01.06.01 on procedures to respond to an increased number of infectious individuals. The standard was eliminated because it was redundant to the Emergency Management requirements.

Now to the concepts that were retained, there will still be requirements on the following, adherence to nationally recognized guidelines and standards of practice such as Standard Precautions NPSG.07.01.01 on hand hygiene and goals. For home health and hospice settings, there's still a

requirement that the Infection Prevention and Control Program must be an integral part of the organization's quality assessment and Performance Improvement Program.

(10:32):

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 is captured in the new standard IC.04.01.01. Requirements on the general infrastructure of the program, including program policies and staff training will live in IC.04.04.01. The second part is the "Do IC activities" part, and it is represented in the new standard IC.06.01.01. The standard will contain requirements related to implementation of Infection Control activities and an action plan to address any identified Infection Control issues.

With the changes in the chapter structure and elimination of several standards, most services will have significant reductions in requirement applicability. Please note that new infection control requirements will no longer be applicable to the following services. Durable Medical Equipment, mail orders, Supplies Mail Order, Clinical Consultant Pharmacist, Long-Term Care Pharmacy Dispensing, Pharmacy Dispensing, and Specialty Pharmacy Setting.

If the standards are at a high level and there's a significantly lower number of Elements of Performance in the future chapter, where are the details on the very many Infection Control practices that organizations do every day? Going forward these details will be provided in the Program Specific Infection Prevention and Control Tool. The tool provides details and clarification on requirements, identifies activities that could be evaluated during survey, and includes new standard references. The tool will be added to the organization Survey Activity Guide in the fall 2024.

Here's one example to illustrate how the tool clarifies an Element of Performance and provides greatest specificity. For example, under the new standard IC.04.01.01 EP 3 addresses, written policies, and procedures. Here's the information that can be found in the tool regarding EP three for organizations that use and manage temporary invasive medical devices. For example, intravascular catheter, enteral feeding tube, indwelling urinary catheter, ventilator. The organization has written policies and procedures on the management of invasive medical devices used among the organization's patient population. Another example for organizations that use the Point of Care testing devices, for example, blood glucose meter INR monitor, the organization has policies and procedures on cleaning and disinfection after every use according to device and disinfectant manufacturer's instructions. The tool is already available to accredited organizations. It was posted on the Extranet site in July. The exact location is provided on the slide in the survey process tab, locate pre-survey menu, then click on the 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 Natalya for the next section. I'm going to cover the updated Infection Control Standards for Home Health effective January 1st, 2025. We're going to be covering the updated standards and Elements of Performance for the Infection Control chapter as well as review some of the key Infection Control assessment tool content.

First, we're going to review required documents and data in the comprehensive accreditation manual, anywhere where documentation is required, there will be a capital D with a circle around it,

which indicates that there's a documentation requirement. For the home health program, some of the required documents and data include Infection Prevention and Control policies and procedures, documentation of completed job specific staff, education on infection control and prevention, and for Home Health agencies and hospices, a procedure for the identification of infections or the risk of infections among patients and a corrective action plan for Infection Control if appropriate based on the results of surveillance and data analysis.

(15:36):

First, we're going to cover some of the highlights of the updated Home Health Infection Control standards effective January 1st, 2025. Looking at the structure of the updated home health Infection Control standards, there are two main standards.

First, IC.04.01.01, the organization maintains and documents an organization-wide Infection Prevention and Control program for the prevention and control of infections and communicable diseases. Additionally, IC.06.01.01 requires the organization to implement activities for the prevention and control of infections and communicable diseases.

Starting with IC.04.01.01, EP3 the organization has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections and communicable diseases. The policies and procedures must be in accordance with applicable law and regulation and nationally recognized evidence-based guidelines and standards of practice.

The policies and procedures must include the use of standard precautions which are implemented in all healthcare locations no matter the setting. Standard precautions include hand hygiene, environmental cleaning and disinfection injection and medication safety, the use of personal protective equipment, minimizing potential exposures and reprocessing of reusable medical equipment or devices for full details on standard precautions, refer to the Centers for Disease Control and Prevention Core Infection Prevention and Control practices for safe healthcare delivery in all settings.

When we look at policies and procedures, note that for organizations providing care in the patient's residents, policies and procedures address how to implement and apply infection prevention or treatment practices in the home setting. So first, for organizations that use and manage temporary invasive medical devices, examples are things like the intravascular catheter, enteral feeding tubes, indwelling urinary, or ventilators.

The organization should have policies and procedures on the management of invasive medical devices used among the organization's patient population. For organizations that use Point of Care testing devices, so things like a blood glucose meter or an INR monitor, the organization should have policies and procedures on cleaning and disinfecting the equipment after every use according to the device manufacturer's instructions for use, as well as the disinfectant product manufacturer's instructions for use. For organizations that perform high level disinfection or sterilization of reusable medical equipment or devices on site, the organization should have policies and procedures on cleaning and disinfection, so high level disinfection and sterilization that are in accordance with the manufacturer's instructions for use.

The organization must have procedures for identifying infections and communicable disease issues. IC.04.01.01 EP6, requires the organization to have procedures or methods for identifying infections and communicable disease issues. This means that organizations must develop a procedure for the identification of infections or the risk of infections among patients. Examples include but are not limited to things like wound infections, surgical site infections, respiratory viral illness, or other illnesses such as tuberculosis.

The organization must determine the methodology to be used for identification, so examples of some of those methodologies include but are not limited to. Review of clinical records, staff reporting procedures, review of laboratory results, data analysis of physician and emergency room visits for symptoms of infection and identification of an infection's root cause through evaluation of staff technique and patient or caregiver's self-care technique.

IC.04.01.01 EP7, requires the infection prevention and control program to be organization wide and an integral part of the organization's quality assessment and Performance Improvement Program. This means the organization needs to observe and evaluate services from all disciplines to identify sources or root causes of infection and to track patterns and trends of infection. Then based on the results of surveillance and data analysis, the organization must establish a corrective action plan for Infection Control if appropriate and monitor the effectiveness of the corrective action plan.

IC.04.01.01 EP8 requires the organization to provide Infection Control, education to staff, patients, family, and other caregivers.

(20:50):

First, we're going to start with staff. The organization provides job specific training and education on infection prevention and control, and the staff's records confirm completion of education and training.

Next, to satisfy OSHA requirements, the organization must provide training to staff expected to have contact with blood or other potentially infectious material included in the bloodborne pathogen standards, upon hire at regular intervals and as needed.

Additionally, to satisfy another OSHA requirement, the organization must ensure that staff receive training in the following, when personal protective equipment is necessary, what personal protective equipment is necessary and how to properly don, doff, adjust, and wear personal protective equipment.

Continuing with requirements for Infection Control, education to staff infection control education includes the following, at a minimum first information on appropriate use, transport, storage, and cleaning methods of patient care equipment according to the manufacturer's instructions for use. This includes the use of manufacturer approved disinfectant products. Job specific infection prevention, education, and training to all healthcare staff, including routes of infection, transmission, appropriate disinfection and transportive equipment and devices used for patient care, proper medical waste disposal techniques and instructions on how to implement current infection prevention and treatment practices in the home setting.

Processes to ensure that staff are competent in and adhere to infection prevention requirements consistent with their roles and responsibilities and training must occur before individuals are allowed to perform their duties and periodically thereafter, as designated by organization policy, additional training should be provided in response to recognized lapses in adherence and to address newly recognized infection transmission threats.

So, for example, when there's the introduction of new equipment or procedures for the organization. Moving on to infection control education to patients, family, and other caregivers.

The organization must provide education for patients, families, and other caregivers, including hand and respiratory hygiene practices and how to clean and care for equipment. The education provided to patients, families, and other caregivers should be specific to the patient's plan of care, health conditions and individual learning needs. For hospices, the hospice may provide Infection Control education to the patient or caregiver during the visit when indicated or may have provided the education during prior treatments. When provided in prior treatments, verify that the education is documented in the patient's record.

Next we're going to move on to IC.06.01.01. The organization implements activities for the prevention and control of infections and communicable diseases.

IC.06.01.01 EP3, requires organizations to implement activities for the surveillance, identification, prevention, control and investigation of infections and communicable diseases, including the use of standard precautions. You may also reference National Patient Safety Goal 07.01.01 EP1, for additional requirements for hand hygiene. This includes but is not limited to hand hygiene, safe injection practices, environmental cleaning and disinfection, personal protective equipment, minimizing potential exposures, storage and transport of personal care, equipment and supplies, cleaning and disinfection, management of invasive medical devices and surveillance.

In the next set of slides, we're going to expand upon each of these topics and review information that's included in the infection control assessment tool. So, when you're taking a look at the Infection Control assessment tool, please note that while these are minimum requirements or minimum number of items that surveyors will potentially look at during survey, your policies and procedures are likely to be much more extensive and have much more information contained within them.

(25:28):

Starting with hand hygiene, hand hygiene is performed at a minimum as follows: Before contact with a patient before performing an aseptic task, for example, insertion of an IV, preparing an injection or performing wound care after contact with the patient or objects in the patient's immediate vicinity after contact with blood body fluids or contaminated surfaces when moving from a contaminated body site to a clean body site during patient care and after removal of personal protective equipment.

Next, personal protective equipment. Staff must have immediate access to Personal Protective Equipment and must be able to select, put on, remove, and dispose of Personal Protective

Equipment in a manner that protects themselves, the patient, and others. Gloves should be worn 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.

Staff should 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. Protective eyewear and a mask or a face shield are worn to protect the mucus membranes of the eyes, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions, and excretions. So just note that masks, goggles, face shields and combinations of each are selected according to the need anticipated by the task being performed. And last, personal protective equipment is removed and discarded upon completing a task before leaving the patient's room or care area.

Next, staff must adhere to safe injection and medication practices, including the following: First use of aseptic technique when preparing and administering medications in an area that has been cleaned and separated from potential sources of contamination. For example, body fluids, sinks, or other water sources. Not reusing needles, lancets, or syringes for more than one use on one patient, dedicating insulin pens for a single patient and never sharing even if the needle is changed. Using single dose vials for parenteral medications whenever possible, and not administering medication from a single dose vial or ampule to multiple patients. Use of fluid infusion and administration sets, so things like intravenous bags, tubing, and connectors for one patient only and appropriate disposal after use. Considering a syringe or needle or cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set. Entering medication containers with a new needle and a new syringe even when obtaining additional doses for the same patient and last disposing of sharps in accordance with applicable state and local laws and regulations.

When we discuss invasive medical devices, staff must adhere to invasive medical device maintenance practices in accordance with organization policies and procedures.

Again, examples of those invasive medical devices include things like the vascular catheter, indwelling urinary catheters, feeding tubes, and a ventilator.

Next is minimizing potential exposures. Staff with direct patient contact must adhere to the organization's policies and procedures when having a respiratory infection or other communicable infection. Additionally, staff must handle, transport and store medications, specimens and body fluids in the manner that prevents spillage or breakage that may lead to contamination of staff supplies and equipment or the transport vehicle.

(30:06):



When it comes to cleaning and disinfection, reusable medical equipment, for example, blood glucose meters, blood pressure cuffs, oximeter probes are cleaned and disinfected prior to use on another patient, and when visibly soiled. Staff must maintain separation between clean and soiled equipment to prevent cross-contamination and single use equipment is discarded after use. It's only intended to be used once for one patient. Staff who provide direct patient care must be able to verbalize which medical devices or equipment they use that are intended to be single use. So, use once and discarded. Single patient use used for only one patient, but may require processes for management of the equipment and cleaning and disinfection at specific intervals and multi patient use equipment, which requires cleaning and disinfection according to the manufacturer's instructions for use prior to use for a different patient. For organizations managing invasive mechanical ventilation and intermittent positive pressure breathing equipment and providing care for patients using such equipment. Nebulizers, humidifiers, IPPB circuits, ventilator circuits, and other reusable components are cleaned and changed in accordance with the manufacturer's Instructions for use. For storage and transport.

Staff must follow the manufacturer's instructions for use and current standards of practice for the transport and storage of personal care equipment and supplies. For example, clean or sterile wound supplies are stored in protected in the home, and during transport by staff. Additionally, staff must follow organization procedures for prevention of transmission while transporting medical specimens and medical waste such as sharps.

For environmental cleaning and disinfection cleaners and disinfectants, including disposable wipes are used in accordance with the manufacturer's instructions.

Examples of requirements of the manufacturer's instructions may include but are not limited to dilution of disinfectant solutions, storage of the solutions shelf life or expiration date of the disinfectant solutions or disinfectant products and contact time. So contact time is the amount of time that the surface must remain wet with the disinfectant product, so the contact time means that a product should be applied and may need to be reapplied to ensure that the full length of the contact time is met.

#### Surveillance.

The organization's surveillance activities should address processes and or outcomes as determined by the organization for hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option. The organization has an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the hospice.

Just note that surveillance is defined as the ongoing systematic collection, analysis, interpretation, and evaluation of health data closely integrated with the timely dissemination of this data to those who need it. Analysis of surveillance data is used to improve care practices and control infections and transmission of communicable diseases.

IC.06.01.01 EP6, requires the organization to develop and implement necessary action plans to address Infection Control issues and improve its Infection Prevention and Control program.

So first, the organization must develop a corrective action plan to address or prevent infections or transmission of communicable diseases. This plan is based on surveillance findings, any identified root causes of infection or disease transmission, tracking data and analysis of data findings. The organization evaluates and revises the plan as needed.

Next, actions to facilitate improvements and disease prevention may include the following, policy, procedure, or practice changes to improve care education for patients, caregivers, and staff to prevent infections and transmission of communicable diseases or the development of process or outcome measures that could be used to monitor and address identified issues.

For example, Infection Prevention and Control observations for technique and then evaluation and revision of the plan as needed.

(35:12):

IC.06.01.01 EP7 for hospices providing inpatient care and their own facilities that elect to use The Joint Commission deemed status option. The organization maintains a sanitary environment, and this means that the hospice provides a sanitary environment by following current standards of practice, including nationally recognized Infection Control precautions to minimize sources and transmission of infections and communicable diseases.

Sanitary includes but is not limited to, preventing the spread of disease, causing organisms by keeping patient care equipment clean and properly stored. Patient Care Equipment includes but is not limited to items such as toothbrushes, dentures, denture cups, glasses, water pitchers, emesis basins, hairbrushes and combs, bedpans, urinals and positioning or assistive devices.

And last, IC.06.01.01 EP8, requires hospices providing inpatient care and their own facilities that elect to use the Joint Commission deemed status option that the organization has available at all times sufficient amounts of clean linen for all patient uses and the linens are handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants. This completes our review of the new updated Infection Control Standards and Elements of Performance for the Home Health Program.

Jessica, I turn it back to you.

Thank you, Tiffany.

To ask questions about the Standards or Resources, please use the inquiry form at this address, [dssminquiries.jointcommission.org](https://dssminquiries.jointcommission.org).

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Thank you Natalya and Tiffany for developing and presenting the content of this webinar, and thanks to all of you that attended this On Demand webinar. We will 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.