



**American Hospital
Association**

Liberty Place, Suite 700
325 Seventh Street, NW
Washington, DC 20004-2802
(202) 638-1100 Phone
www.aha.org

June 13, 2007

Dennis S. O'Leary, M.D.
President
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Re: Standards Improvement Initiative – Hospital Chapter – “Surveillance, Prevention, and Control of Infection” (IC)

Dear Dr. O'Leary:

On behalf of our 3,200 member hospitals, health systems and other health care organizations accredited by the Joint Commission, the American Hospital Association (AHA) appreciates the opportunity to comment on the Joint Commission's proposed revisions to the hospital section of the “Surveillance, Prevention, and Control of Infections” (IC) chapter that is part of the *Standards Improvement Initiative* (SII).

The AHA is pleased that the Joint Commission recognizes the importance of valid, current and feasible tools for those who implement infection prevention and control methods. Further, we agree with the initiative's overarching goals to:

- Clarify standards language;
- Ensure that standards are program specific;
- Delete redundant or non-essential standards; and
- Consolidate similar standards.

The Joint Commission states that the SII is intended to make the standards and elements of performance (EPs) easier for health care organizations to interpret and employ. However, our members believe the current IC standards have been working well; they allow hospitals the flexibility to develop infection control policies that work effectively within their unique organizational structures.

Revising the standards will cause an additional burden for hospitals. With each change in the standards language, hospitals will be required to review those changes, interpret the new



Dennis S. O'Leary, M.D.

June 13, 2007

Page 2 of 2

language, determine whether their policies are in compliance, rewrite policies and procedures if necessary and then educate staff on any changes. Even simplifying and clarifying the standards will result in the unintended consequence of saddling hospitals with additional burden.

Furthermore, a few of the proposed revisions appear to be new or contain more specific requirements. Specifically, proposed IC 2.10 EP 3, which requires hospitals to use isolation in response to a pathogen, is a new, specific requirement. Isolation can be an effective tool for containing a pathogen and preventing further transmission, but the general and broad-based wording of the revised EP would mandate hospitals to use this tool more broadly than may be warranted or necessary. **Therefore, we suggest that the Joint Commission reword proposed IC 2.10 EP 3 to require hospitals to “implement the use of isolation, as it is specified in the hospital’s infection prevention and control plan, in response to a suspected or identified pathogen depending on the way it is transmitted with the organization’s service setting and community.”**

We also are concerned with a specific proposal related to hand hygiene that may lead to a more narrow interpretation of the hand hygiene adherence measurement. Under the SII, the general requirement to set a goal to enhance hand hygiene (current IC 3.10 EP 3) would change to a *specific* goal to improve compliance with the Centers for Disease Control and Prevention’s (CDC) hand hygiene recommendations (proposed IC 1.30 EP 5). There are many ways in which hospitals define their processes and measure adherence to hand hygiene policies. With the reworded EP, hospitals may use only the CDC guidelines. We are concerned that the change may codify the CDC’s guidelines and turn them into inflexible requirements.

We do not believe the Joint Commission intended this outcome. The Joint Commission has always been clear about its policy to enforce organizations’ own policies – in this instance, policies that are based on the organization’s application of CDC hand hygiene guidelines. While the CDC guidelines are an excellent source, additional science-based guidance has emerged from reliable organizations, such as the World Health Organization (WHO). **Thus, we urge the Joint Commission to reword the EP to state, “The organization’s goals include improving compliance with good hand hygiene practices, such as those articulated in CDC’s hand hygiene guidelines, the WHO guidelines or other scientifically-based guidelines.”**

We look forward to additional opportunities to comment on any proposed changes to the standards and to work with the Joint Commission in future revisions. If you have any questions, please feel free to contact me or Nancy Foster, vice president for quality and patient safety, at (202) 626-2337 or nfoster@aha.org.

Sincerely,

Carmela Coyle
Senior Vice President, Policy

Cc: Robert Wise, M.D., Division of Standards