



SHEA comments to JCAHO on the Draft 2009 National Patient Safety Goals for Hospital and Critical Access Hospitals

The Society for Healthcare Epidemiology of America (SHEA) appreciates the opportunity to provide comments on the Joint Commission's 2009 National Patient Safety Goals (NPSG). Our comments focus on NPSG Goal 7, "Reduce the risk of health care-associated infections."

We commend JCAHO for their continued emphasis on the prevention of healthcare-associated infections. We are pleased that the goals focus on implementing measures designed to prevent healthcare-associated infections, several times encouraging the use of "standards developed by the organization," and we agree with this approach, as it allows hospitals to take into account local context, and to incorporate new knowledge as it is gained.

We would like to raise a few areas of general concern about the current draft NPSG. A more detailed commentary with suggested changes to the specific implementation expectations for 7C is attached.

- Reference to the as yet unpublished SHEA-IDSa Compendia of Practical Implementation Strategies for the Prevention and Monitoring of Healthcare-associated Infections that the Joint Commission will be applying in hospitals and other settings is premature, and seems to elevate these strategies over those published by HICPAC. In fact the Compendia is designed to provide hospitals a toolkit from which to draw appropriately to address their own local healthcare-associated infection problems, and are intended to complement HICPAC guidelines, not to supersede them. References to timing of publication should also be removed as these dates are not firm.
- The emphasis in Requirement 7C on specific organisms (MRSA and CDAD) seems overly narrow and may have unintended consequences of causing hospitals to direct resources away from healthcare-associated infections caused by other pathogens that are causing harm to patients in their hospitals. We endorse the emphasis the Joint Commission places on conducting a risk assessment and suggest that hospitals should be expected to conduct a risk assessment that includes but is not limited to the specific pathogens, MRSA and CDAD, and to use the information gained from the risk assessment to implement a prevention plan designed to reduce healthcare-associated infections that are identified as local problems.

- Requirement 7C seems overly prescriptive about which specific prevention strategies must be used to control healthcare-associated infections. An approach that allows more flexibility for hospitals to select from among “evidence-based practices” in creating a prevention program that is effective would be more consistent with other NPSG, and recognizes the influence of local conditions on the control of healthcare-associated infections.

National Patient Safety Goals rightly create a roadmap for hospitals trying to provide the safest possible care for patients. Ideally, these goals should be written in such a way to allow hospitals the flexibility to target their own safety threats within the domains that are considered critical. We endorse the intent of Goals 7D and 7E which appropriately highlight the risks of devices and procedures and call for the use of “evidenced-based standards” in the prevention of infections associated with them. The use of similar language in Goal 7C will strengthen the overall document, and allow greater flexibility for hospitals to focus on their own greatest healthcare associated infection threats, which will ultimately result in the prevention of MRSA, CDAD, and infections due to other pathogens as well.

We appreciate the opportunity to review the draft document and to make suggestions that we believe would strengthen it. We look forward to continued collaborative work with the shared goal of eliminating preventable healthcare-associated infections.

SHEA Detailed Comments

Requirement 7C

- To maximize impact, and allow hospitals the flexibility to focus on their own healthcare-associated infection (HAI) problems, change to read: “Implement evidence-based practices to facilitate the prevention of healthcare-associated infections due to multi-drug resistant and other organisms in acute care hospitals.”

Implementation Expectations-7C

- Make conducting a periodic risk assessment (#5) the first expectation. The risk assessment should not be for MRSA and CDAD alone, but should be done to identify the pathogens causing the greatest risk for patients at each hospital. The infection prevention program should be based on information gained from doing a risk assessment.
- Education of healthcare workers about infection prevention should include but not be limited to prevention of MRSA and CDAD.
- Hand hygiene and environmental cleaning according to standards should be a part of prevention of all HAI.
- Contact precautions should be implemented based on standards identified by the organization. The standard should allow flexibility to implement progressive control measures in different HAI situations as needed.
- Surveillance programs should be used to identify patients with infections that are sources of harm to a particular hospital. The language should allow flexibility to track the pathogens identified in the risk assessment, not those specified by someone outside the organization.
- Alert systems should be considered if it is necessary to identify patients with specific pathogens or syndromes; this decision should be based on a risk assessment.
- As modified, the expectations in 7C allow a wider range of prevention efforts focused on local pathogens, and include all the interventions that might be considered best practices for MRSA and CDAD. The specific sections on these pathogens are not needed.