CDC releases recommendations for U.S. hospitals treating Ebola patients

As a result of the worsening Ebola hemorrhagic fever (Ebola HF) outbreak in Guinea, Liberia and Sierra Leone, the Centers for Disease Control and Prevention (CDC) has released the *Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals*. This is the largest Ebola HF outbreak in history and the first in West Africa. More than 1,300 cases have been reported since March with more than 700 deaths. Standard, contact and droplet precautions are recommended for any patients with known or suspected Ebola HF, also referred to as Ebola Viral Disease (EVD). Although these recommendations focus on the hospital setting, the recommendations for personal protective equipment (PPE) and environmental infection control measures are applicable to any health care setting.

On July 31, the CDC issued a Level 3 travel warning (up from Level 2 on July 28) to avoid nonessential travel to the region. CDC is assisting with active screening and education efforts in West Africa to prevent sick travelers from getting on planes. If they do, CDC has protocols in place to protect against further spread of the disease. These include notification to CDC of ill passengers on a plane before arrival, investigation of ill travelers, and, if necessary, quarantine. CDC also provides guidance to airlines for managing ill passengers and crew and for disinfecting aircraft.

On July 28, an official CDC Health Advisory was issued with information about how to prevent the spread of the virus, test and isolate suspected patients, and ways to protect staff members from contracting the disease. The CDC advises health care providers to consider EVD when a patient with a fever and other symptoms has recently traveled (within 21 days) in the affected countries. Providers should consider isolating patients meeting these criteria, pending diagnostic testing. It is important to note that EVD is not contagious until symptoms appear, and that transmission is through direct contact of bodily fluids of an infected, symptomatic person or exposure to objects like needles that have been contaminated with infected secretions.

More information is available on the CDC site:
- [Ebola hemorrhagic fever background and history](https://www.cdc.gov/vhf/ebola/index.html)
- [Questions and Answers on Ebola](https://www.cdc.gov/vhf/ebola/qa/index.html)

The Joint Commission’s Infection Prevention and Control (IC) standards that are relevant to the EVD situation include: IC.01.03.01 *(The organization identifies risks for acquiring and transmitting infections)* and IC.01.06.01 *(The organization prepares to respond to an influx of potentially infectious patients).* In addition, The Joint Commission has an [Emergency Management portal](https://www.jointcommission.org/epiportal/) that provides pandemic preparedness information, and an [Infection Control portal](https://www.jointcommission.org/infectioncontrol/) that includes monographs, podcasts and other resources on a variety of infection control topics. (Contact: Lisa Waldowski, lwaldowski@jointcommission.org)
Performance measurement

ORYX noncore measure reporting requirements to be discontinued

After January 1, 2015, general medical/surgical hospitals and critical access hospitals will no longer be required to use noncore measures to supplement core measure set selections to meet ORYX performance measure reporting requirements. These organizations should contact the ORYX Help Desk at 630-792-5085 no later than December 31, 2014, to discuss their options in 2015. One option is to continue collecting and submitting noncore measure data on discharges through calendar year 2015. However, beginning January 1, 2016, The Joint Commission will no longer accept noncore measure data. The table below outlines the changes and expectations.

<table>
<thead>
<tr>
<th>Noncore measure requirements before January 1, 2015</th>
<th>Noncore measure requirements after January 1, 2015</th>
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<tbody>
<tr>
<td>• Accredited general medical/surgical hospitals and critical access hospitals meet ORYX performance measure reporting requirements by using the required number of core measure sets that apply to the patient populations served and the services provided by the organization.</td>
<td>• Accredited general medical/surgical hospitals and critical access hospitals are no longer required to supplement core measure set selections with noncore measures to meet ORYX performance measurement requirements.</td>
</tr>
<tr>
<td>• If an organization can’t identify the minimum number of core measure sets required, it supplements its core measure set selections with noncore measures.</td>
<td>• General medical/surgical hospitals and critical access hospitals are still required to use core measure sets that apply to the patient populations served and the services provided by the organization.</td>
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<td>• If none of the core measure sets apply, then general medical/surgical hospitals or critical access hospitals meet ORYX performance measurement requirements through the use of the minimum required noncore measures.</td>
<td>• If an organization is unable to identify any core measure sets, it meets the ORYX performance measure requirements through ongoing compliance with the Performance Improvement (PI) standards.</td>
</tr>
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</table>

For more information, see the current ORYX requirements and the core measure sets. (Contact: For hospitals and critical access hospitals – Frank Zibrat, fzibrat@jointcommission.org. For ORYX vendors – Mary Kay Bowie, mbowie@jointcommission.org)

Resources

Compendium highlights strategies to prevent HAIs in acute care hospitals

The Joint Commission, in partnership with The Society for Healthcare Epidemiology of America (SHEA) and other health care organizations, has updated the popular compendium of recommendations for acute care hospitals for the prevention of common healthcare-associated infections (HAIs) in the Infection Control and Healthcare Epidemiology journal. In a commentary on the updated publication, Margaret VanAmringe, executive vice president for Public Policy and Government Relations, The Joint Commission, says, “What makes the compendium unique is its commitment to the usability of its content at the ground level. By presenting information in a format that can make operational sense out of complicated knowledge, the compendium jump starts the ability of health care professionals to translate essential information into practice.”

The 2014 compendium update:
• Synthesizes best evidence for the prevention of surgical site infections, central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, Clostridium difficile, methicillin-resistant Staphylococcus aureus (MRSA), and hand hygiene.
• Highlights basic HAI prevention strategies plus advanced approaches for outbreak management and other special circumstances.
• Recommends performance and accountability measures to apply to individuals and groups working to implement infection prevention practices.

All sections of the Compendium are available on the SHEA website. A bound supplement will be available for sale in the fall. For more information on HAIs, visit The Joint Commission’s HAI portal.
New on the Web

- **Podcast:** Take 5 with The Joint Commission: *The ARHQ Guide to Patient and Family Engagement in Hospital Quality and Safety*. Tina Cordero, associate project director, Standards and Survey Methods, highlights a new, tested, evidence-based guide to help hospitals work as partners with patients and families around four specific strategies.

- **Blog post:** *Leadership Blog: Bart Simpson, high reliability and you*. Charles A. Mowll, FACHE, CSSBB, executive vice president, Business Development, Government and External Relations, talks about how Universal Studios uses the concepts of high reliability to maintain excellent customer service.

Learn more about Joint Commission Resources’ education programs and publications at [www.jcrinc.com](http://www.jcrinc.com) or call 877-223-6866.