Joint Commission joins White House effort to reduce antibiotic overuse

Yesterday, as part of the White House Forum on Antibiotic Stewardship, The Joint Commission announced its commitment to increase its efforts to promote effective antibiotic stewardship within health care facilities. The Joint Commission joined representatives from more than 150 major health care organizations, food companies, retailers and animal health organizations at the forum to announce their commitment to implementing changes over the next five years to slow the emergence of antibiotic-resistant bacteria, detect resistant strains, preserve the efficacy of existing antibiotics, and prevent the spread of resistant infections.

The Joint Commission currently has 16 standards and one National Patient Safety Goal that have a relationship to antimicrobial stewardship. As part of its commitment, The Joint Commission will begin by reviewing its current standards and work with accredited organizations and others to identify where new standards may be needed to promote effective antibiotic stewardship. The Joint Commission will develop any new standards as rapidly as possible and simultaneously provide new tools to help providers use antibiotics judiciously. This issue is a high priority for The Joint Commission because the rise of antibiotic-resistant bacteria represents a serious threat to public health. The Centers for Disease Control and Prevention (CDC) estimates at least 2 million illnesses and 23,000 deaths in the United States each year are caused by antibiotic-resistant bacteria, and 20 to 50 percent of all antibiotics prescribed in acute care hospitals in the United States are either unnecessary or inappropriate. Inappropriate use of antibiotics includes, but is not limited to:

- Prescribing antibiotics for viral infections
- Using broad-spectrum antibiotics instead of narrow-spectrum antibiotics
- Prescribing antibiotics in response to pressure from patients/family

Read the entire news release. (Contact: Margaret VanAmringe, mvanamringe@jointcommission.org)

Accreditation

Tips for complying with Environment of Care standard EC.02.03.05, EPs 11-13

Below are tips for complying with Environment of Care standard EC.02.03.05 elements of performance (EPs) 11-13, which involve fire pumps, standpipe systems, and automatic fire-extinguishing systems in a kitchen (if these features exist within the building).

EP 11 – For automatic sprinkler systems: Every 12 months, the organization tests fire pumps under flow. The completion date of the tests is documented. Note: For more information, see NFPA 25, 1998 edition.
This test evaluates the fire pump, the electric motor or diesel engine, and its ability to deliver fire protection water at zero flow (minimum), 100 percent flow (100 percent of the pump’s rating), and 150 percent flow (peak). To do this, attach the flow testing device to a connector on the building so you can measure discharged water. If you use a bypass flow meter, remember to periodically calibrate the flow meter. Next, evaluate the flow from the pump and the pump’s performance, including suction and discharge pressures. Check for proper operation of installed alarms and installed relief valves. If an electric motor is connected to emergency power, test the automatic transfer by a simulated normal electrical power loss while the pump is delivering peak output. If it’s a diesel engine, document speed and water, as well as oil temperature indicators and oil pressure, to ensure that it is operating correctly. Make adjustments if deficiencies are identified. Compare results to previous tests to identify system degradation by using a performance (graphic) curve of pressure versus flow or review written data.

EP 12 – *Every five years, the organization conducts water-flow tests for standpipe systems. The completion date of the tests is documented.* Note: For more information, see NFPA 25, 1998 edition.

This EP pertains to the installed hose system, not to the fire sprinkler system. For a wet system (water is always in the pipe), verify that the water supply provides adequate design pressure and flow. For a dry system (water is not released into the pipe until it’s needed), test the dry standpipe for leaks, and perform the flow test for design pressure and flow. Water discharge should be from the most hydraulically remote point (typically the rooftop) to properly validate design pressure and flow. Large buildings have multiple zones with pressure-reducing valves that will require separate water discharging at the most hydraulically remote point for each zone.

EP 13 – *Every six months, the organization inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented.* Note: Discharge of the fire-extinguishing systems is not required. For more information, see NFPA 96, 1998 edition.

Organizations that have a cooking area or facility that produces grease-laden vapors, must have a commercial fire-extinguishing system that is either automatically triggered by fusible links or manually activated via a pull station. Either of these systems can immediately put out a cooking surface fire. The system must be inspected twice a year, without discharging the single-use extinguishing media during the evaluation. This inspection confirms that, when activated, the system will shut off the natural gas or electric fuel source to the burner and trigger the building’s fire alarm system. The test also validates that hood fans operate as designed to efficiently remove smoke and exhaust. Check that overhead nozzles are pointed at the cook surface and clean any grease buildup on the overhead hood. Once a year, replace the fusible links and document this change.

For more information, including what to expect during the survey, see the June 2015 issue of *Joint Commission Perspectives.* (Contact: George Mills, gmills@jointcommission.org)

Spring updates to accreditation and certification manuals available
The spring *E-dition®* updates to the comprehensive accreditation manuals and certification manuals were posted to The Joint Commission Connect™ extranet in May. This update includes new manuals for the Integrated Care and Perinatal Care certification programs, and a new acute stroke-ready hospital chapter in the disease-specific care *E-dition*. The hard copy 2015 Update 1 to the comprehensive accreditation manuals for ambulatory care, behavioral health care, home care, and hospitals, as well as the certification manual for the palliative care program, published in April. Hard copy updates for the critical access hospital, laboratory, nursing care centers, and office-based surgery programs will publish in fall 2015, along with the certification manuals for the disease-specific care and health care staffing services programs.

Complimentary access to standards is delivered to customers via *E-dition* on the extranet. For help accessing *E-dition*, contact Customer Technical Support at support@jcrinc.com. Questions about the Subscription Update Service or hard copy manuals can be directed to jrcustomerservice@pbd.com or 877-223-6866. Print and online manuals, as well as other accreditation resources, can be purchased from the **JCR Store**.

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A free webinar, EHR Usability and Health IT Safety, will be held Friday, June 19, noon-1 p.m. CT. It is the seventh in a 10-part webinar series funded by the Office of the National Coordinator for Health Information Technology.

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