The following questions and answers are the outcome of a presenter/audience dialogue at the 2012 Joint Commission Resources Ambulatory Care Conference which took place in Oak Brook, IL on November 8-9. For more information regarding the 2013 Ambulatory Care Conference, please visit http://store.jcrinc.com/ambulatory-care-conference-november-7-8-2013/.

1. **Question regarding Infection Control risk assessment tools:**
   Is there an IC Risk Assessment tool/template Joint Commission approved?

   **Answer:**
   The Joint Commission is not specific regarding the use of a tool; however they are generally thought to be helpful. The key principles are that infections that your organization may encounter depend on the specific risks which are dictated by your geographic location, population, and services you provide. Your plan and infection control strategies are targeted on your unique and specific parameters. Examples are available on Joint Commission “Leading Practice Library”, available exclusively for Joint Commission customers. Specific examples include submissions titled “Work Plan-Infection Control” and “Managing Infection Prevention and Control in Ambulatory Care”.

2. **Question regarding RFI’s:**
   What was the average number of RFI’s per organization in Ambulatory for 2011?

   **Answer:**
   The average number per organization is dependent on the number of standards in the program being surveyed, thus an overall average is unable to be determined. However identification of the “top ten” scored per program are calculated and published in Perspectives twice annually. If you would like specific data for your program, please submit your question to the Standards Interpretation Group (on the website) and that data can be provided.

3. **Question regarding hand hygiene and laptops:**
   How to manage hand hygiene around laptops? As an example, a provider carries a laptop, washes hands, picks up laptop again, checks patient, or washes hands right before touching patient, but then goes back to laptop.

   **Answer:**
   The laptop keyboard and/or mouse should be considered as a contaminated environmental surface, for all intents and purposes. Hand hygiene should always be performed before and after touching a patient. The CDC recommends the use of barrier covers for computer keyboards to make sanitizing easier without damaging the equipment.
4. **Question regarding post surgical site infections:**
   Can you explain the requirement to monitor for post surgical site infections?

   **Answer:**
   Surgical site infections are to be measured for the first 30 days following the procedure – for all cases except those with implantable devices. Implantable devices are to be monitored for the first year. You may target your monitoring surveillance to procedures that you determine are high risk.

   Examples of monitoring: communication with patient’s physician/office conducting the follow up care; ‘tickler’ type reminder systems to track surgical procedures and the month time frame. Not acceptable methods would be to monitor by default – if the patient does not self report – then no infection is assumed -- or asking the patient if they have an infection. These methods would not follow clinical assessment guidelines.

5. **Question regarding hand sanitizer use:**
   It was mentioned there is not a specific number of times you can use hand sanitizer before washing. Should that be based on manufacturer recommendation? Some say wash after a specific time because after that time it is not effective. Maybe we should recommend more people to read the manufacturer recommendation before use?

   **Answer:**
   Most manufacturers say their product can be used repeatedly without washing with soap and water. There are no recommendations from the CDC based on frequency for hand washing with soap and water after using gel repeatedly. When hand gels were first put into use over two decades ago, there were limitations to their effectiveness and gels created a build-up layer on the hands. There were guidelines to wash with soap and water after every three uses of gel. As the efficacy of gels improved, that recommendation became obsolete.

6. **Question regarding scope disinfection:**
   How do you feel about the new generation of scope disinfection machines that “claim” to not require pre-cleaning around the channel brush; they claim the “PSI” delivered during the machine precleaning does a better job than manual cleaning.

   **Answer:**
   The recommendations on manual cleaning of scopes have not changed as of this date. For guidelines to change there must be scientific research to back up the claim of the manufacturer that its device does a better job of cleaning the scope.

7. **Question regarding anticoagulation therapy:**
   NPSG for anticoagulation therapy (NPSG.03.05.01) – Can this be baseline of first time we see patient or must we get alternate baseline? i.e., hospital, etc.

   **Answer:**
   The baseline INR status can be accessed through laboratory testing. Your organization’s clinical practice guidelines/protocols, approved for your anticoagulation program, may dictate the parameters surrounding the baseline INR, for example the timeframe. Our standards are not specific, except to require that before starting a patient on Warfarin, the baseline coagulation status is to be assessed using a current INR, and that it is documented.
8. **Question regarding patient notification of test results:**
   Recommended best practice for patient notification of normal test results?

   **Answer:**
   For a medical practice, recommended practices may include a patient portal where a patient can access results, a phone call to patient, a letter sent to patient. Notification needs to involve reasonable attempts. For example: Patient portal (if available)/ Phone call/letter/registered letter/provider updated as to status of notification. Organizations determine process and actions when/if a patient cannot be reached.

9. **Question regarding clinical record:**
   The Organization defines the components of a complete clinical record (RC.01.01.01 – 01). Are we required to have a chart content check list to make sure all the required forms are present in each chart?

   **Answer:**
   The Joint Commission does not require a checklist. Your organization defines the components of your clinical record and assures that the record contains the information. Performance improvement assessment data collected would assist you in maintaining the components and improvement plans for areas that do not reach your threshold for improvement. The Joint Commission threshold for satisfactory compliance is 90%. Statistical significant sample sizes, based on the population size are found in the CAMAC--Accreditation Process (ACC) chapter. Whenever your compliance is below the threshold of 90%, a plan for improvement is needed.

10. **Question regarding patient transfers:**
    In the “Ready to go Folder” (advisory for survey readiness documents) there is a list of hospital transfers for 12 months. What is this?

    **Answer:**
    A list of any unplanned patient transfers from your facility to a hospital within the last 12 months.

11. **Question regarding refilling gel and soap dispensers:**
    A comment was made regarding no refilling of gel and soap dispensers. Does this include wall soap dispensers?

    **Answer:**
    Wall dispensers that hold pre-filled packets of soap are not included because each packet is a fresh container. Any dispenser that is opened to allow the addition of soap or gel from a larger container would be refilled and therefore have a potential for bacterial growth in the dispenser.

*Questions may be submitted to the Joint Commission Standards Interpretation Group at anytime by calling 630-792-5900 Option 6 for Ambulatory Care or by submitting a Standards Question Submission Form found on The Joint Commission website. Link to form: [http://jcwebnoc.jcaho.org/newsigsub/sigonlineform.aspx](http://jcwebnoc.jcaho.org/newsigsub/sigonlineform.aspx).*