

Quality and safety

Infection control risks related to glucose monitoring, insulin administration

Focusing on Infection Control Risks: Glucose Monitoring and Insulin Administration

Sylvia Garcia-Houchins, RN, MBA, CIC
Director, Infection Prevention and Control

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Several warning alerts have been issued by the U.S. Centers for Disease Control and Prevention (CDC) regarding unsafe practices by health care staff conducting or assisting individuals with blood glucose monitoring and insulin administration. These safety issues place those staff members at risk for transmission of bloodborne viruses (such as the hepatitis B and C viruses or HIV).

The Joint Commission has found that there are knowledge gaps among providers and/or organizational leaders that have resulted in unsafe practices and subsequent escalation to an Immediate Threat to Health or Safety. The Joint Commission has several standards that relate to this issue:

- **Human Resources (HR) Standard HR.01.05.03:** Staff participate in ongoing education and training.
 - Element of Performance (EP) 1: Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented.
- **HR.01.06.01:** Staff are competent to perform their responsibilities.
 - EP 5: Staff competence is initially assessed and documented as part of orientation.
- **Infection Prevention and Control (IC) Standard IC.02.01.01:** The hospital implements its infection prevention and control plan.
 - EP 2: The hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.
- **IC.02.02.01:** The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
 - EP 1: The hospital implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies.
- **Leadership (LD) Standard LD.04.01.07:** The hospital has policies and procedures that guide and support patient care, treatment, and services.
 - EP 1: Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services.
- **Waived Testing (WT) Standard WT.03.01.01:** Staff and licensed independent practitioners performing waived tests are competent.
 - EP 4: Staff and licensed independent practitioners who perform waived testing that requires the use of an instrument have been trained on its use and maintenance. The training on the use and maintenance of an instrument for waived testing is documented.

To assist organizations in learning how to decrease infection control risks and ensure compliance with these standards when assisting with glucose monitoring and insulin administration, The Joint Commission has released an informational video. The “Consistent Interpretation” section of the May 2021 issue of *Perspectives* also details helpful information on compliance with these standards.

In “Focusing on Infection Control Risks: Glucose Monitoring and Insulin Administration,” Sylvia Garcia-Houchins, RN, MBA, CIC, Director, Infection Prevention and Control, The Joint Commission, examines some of the more common mistakes witnessed by The Joint Commission when staff perform glucose monitoring using

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shared blood glucose devices, insulin pens and other medication cartridges, which create a risk of spreading bloodborne viruses. She also explains how failure to follow manufacturer instructions for use, which are designed to protect patients from these risks, could be scored on survey.

[View](#) the video.

May Journal: Lean management associated with positive hospital performance

A new study in the May 2021 issue of *The Joint Commission Journal on Quality and Patient Safety* analyzed the impact of Lean management on hospital-wide performance. Lean management emphasizes culture, continuous improvement, alignment, and results. It looks to remove waste and increase efficiency within a value stream.

The study — “[Lean Management and Hospital Performance: Adoption vs. Implementation](#),” by Stephen M. Shortell, PhD, MPH, MBA, and colleagues at the University of California, Berkeley (UC-Berkeley) — used the 2017 National Survey of Lean/Transformational Performance Improvement in Hospitals results and 2018 publicly available data from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) to examine 10 quality/appropriateness of care, cost and patient experience measures.

The researchers found that a higher degree of Lean implementation was significantly associated with:

- Lower adjusted inpatient expense per admission.
- Lower 30-day unplanned readmission rate.
- Appropriate/efficient use of imaging better than the national average — a measure of low-value care.
- Higher Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores.

The authors concluded that since Lean is an organization-wide, sociotechnical performance improvement system, the actual degree of implementation throughout an organization — as opposed to mere adoption — is more likely to be associated with positive performance on at least some measures.

Also featured in the May issue:

- Rapid Development and Deployment of a Learning Management System to Train an Interprofessional Team to Manage Surgery for a COVID-19–Positive Patient (MaineHealth, Portland, Maine)
- Tools for Distributed Teamwork and Rapid Adaptation to Change: COVID-19 and Frontline Learning (editorial)
- RADAR: A Closed-Loop Quality Improvement Initiative Leveraging A Safety Net Model for Incidental Pulmonary Nodule Management (Brigham and Women’s Hospital, Boston)
- A Visual Dashboard to Monitor Restraint Use in Hospitalized Psychiatry Patients (Yale New Haven Psychiatric Hospital, New Haven, Connecticut)
- Self-Reported Learning (SRL), a Voluntary Incident Reporting System Experience Within a Large Health Care Organization (Kaiser Permanente Southern California, Pasadena, California)
- Perceptions of Institutional Support for “Second Victims” Are Associated with Safety Culture and Workforce Well-Being (Duke University Health System, Durham, North Carolina)
- Ongoing Professional Practice Evaluation for Emergency Medicine Physicians in a Large Health Care System (Cleveland Clinic Health System, Cleveland)
- Universal Protection: Operationalizing Infection Prevention Guidance in the COVID-19 Era (HCA Healthcare, Nashville, Tennessee)

[Access](#) the *Journal*.

Accreditation and Certification

Webinar on antipsychotic medication use in NCCs scheduled for May 19

A new Continuous Customer Engagement (CCE) targeted topics webinar is scheduled for May 19 focusing on antipsychotic medication use in nursing care centers.

The webinar series aims to provide an opportunity for all Joint Commission-accredited Nursing Care Centers (NCCs) to learn from organizations that have excelled at a particular topic. High-performing sites share their best practices and lessons learned in achieving and sustaining better outcomes.

During the May 19 webinar — starting at 9 a.m. PT / 10 a.m. MT / 11 a.m. CT / noon ET — representatives from Fall River Jewish Home, Inc. and Oneida Nursing and Rehab Center will present about antipsychotic medication use and answer questions.

At the end of the session, participants should be able to:

- Apply concepts learned about evidence-based best practices regarding antipsychotic medication use for short-stay and long-stay residents in NCCs.
- Identify common performance and outcome challenges in antipsychotic medication use for short-stay and long-stay residents in NCCs.
- Prepare to implement at least one new best-practice related to antipsychotic medication use for short-stay and long-stay residents in NCCs and improve outcomes.

[Register.](#)

Resources

Up in the blogosphere with The Joint Commission

- **Dateline @ TJC** — [Keeping Patients on Track with Preventive Care During the Pandemic](#): An estimated 41% of adults in the U.S. have avoided medical care during the pandemic because of concerns about COVID-19. Even though restrictions are lifting in many states, delayed care has far reaching implications for screening and disease management. Since early 2020, breast cancer screenings have been reduced by 89%, and colorectal cancer screenings have been reduced by 85%, writes Falguni Shah, Associate Director, Standards Interpretation Department.
- **Improvement Insights** — [Supporting Innovations in Health Care: Evaluation of the Veterans Health Administration \(VHA\) Diffusion of Excellence Program](#): The Veterans Health Administration (VHA) Diffusion of Excellence (DoE) program was started in October 2015 with the goal of identifying, replicating and spreading promising innovations across the VHA. Each day, many frontline VHA employees seek to develop and spread specific clinical and administrative innovations as a way of furthering VHA's mission of service to our nation's heroes, George L. Jackson, PhD, MHA.

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