

**Conference
Topics
Announced!**

Join us in Philadelphia, May 16-17 for our 2012 Annual Conference "Developing a Culture of Change: The Picture of Compliance".

The topics for this year's conference will cover:

CMS CoPs

Environment of Care & Life Safety

Tracer Activity

Patient-Provider Communication

Care Planning

Meaningful Use

[Register now to receive the early bird discount at \\$549/person!](#)

Struggling With How to Manage Your IC Calendar?

By: Jill Ryan, HACP

Organizations often struggle with the planning, monitoring and evaluation requirements related to infection prevention and control requirements. These activities are vital to the integrity of an organization's infection control program. A breakdown in the process cannot only lead to RFIs during survey, but much more importantly, to compromises in the program resulting in patient safety issues. Organizations that follow a planned, consistent approach to these activities demonstrate a commitment to reducing risk from healthcare acquired infections and to the well-being of hospital staff, LIPs and visitors. The following outlines a suggested annual calendar of activities that can be amended to meet the needs and timeline of any organization.

Calendar Month	Fiscal Year Month	Activity
January	1 st month	Annual review and update of Infection Control Plan <ul style="list-style-type: none"> • Effectiveness of prior year goals and implementation of activities • Development of current year goals based on identified risks and factors outlined in IC.01.04.01 (and last year's results)
February	2 nd month	Review and updating of infection prevention and control activities
March	End of 1 st Quarter	Quarterly analysis of surveillance activities, hand hygiene practice, outbreaks, etc.
April	4 th Month	Review and updating of infection and prevention policies and procedures

New Publication!

C&A has developed the *CMS ESRD Compliance Forecaster* to aid your organization in tracking compliance with CMS' CfC requirements for End Stage Renal Disease facilities!

Finally, your organization can have a simple method for tracking compliance with all of the ESRD CfCs in one convenient electronic document!

[Get yours today!](#)

May	5 th Month	Updating/Affirmation of identification of person with clinical authority for infection prevention and control program (assuring "Letter of Authority" is present in the employee or Medical Staff member's file)
June	End of 2 nd Quarter	Quarterly analysis of surveillance activities, hand hygiene practice, outbreaks, etc.
July	7 th Month	Review of allocation of resources to support infection prevention and control initiatives
August	8 th Month	Updating and implementation of flu vaccine program
September	End of 3 rd Quarter	Quarterly analysis of surveillance activities, hand hygiene practice, outbreaks, etc.
October	10 th Month	Annual IC education (in conjunction with International Infection Prevention Week)
November	11 th Month	Report flu vaccination rate; analysis of reasons for LIP and staff declination of vaccine
December	Fiscal Year End	Risk assessment based on patient population, care, treatment and services, surveillance activities and past year's data

Were You Aware?

1. We're starting off the New Year with an old topic! With continued focus on infection prevention and control, a few reminders:
 - a) Be sure that appropriate staff can speak to the process for monitoring temperature, humidity, air exchanges and any other key environmental factors and that documentation of such monitoring is available. Items to consider:
 - i. Temperature of kitchen dishwashers
 - ii. Temperature & humidity in surgical settings
 - iii. Air exchanges in central processing areas
 - b) Laryngoscope blades are to be sterilized or processed using high-level disinfection. They then must be packaged in some way to maintain integrity.
 - c) Check out the article in this edition of C&A e-News for an annual IC planning calendar!

2. Some revisions to the TJC accreditation requirements have recently been published. See the [pre-publication standards](#) for:
 - a) LD.03.01.01 which broadens the culture of safety requirements to include "behaviors that undermine a culture of safety."
 - b) MM.02.01.01 requiring organizations to consider "populations served" when selecting and

procuring medications
c) Under the Ambulatory Health Care Accreditation program, see new requirements related to patient notices, for ambulatory surgical centers using TJC for deemed status.

3. Hospitals seeking TJC Advanced Certification for Palliative Care may be eligible for a grant from the LIVESTRONG® foundation. See this [link](#) to TJC's website for more information.

4. C&A has updated its [resource](#) to provide a summary of topics requiring education for hospital staff members and LIPs. We hope you will enjoy this useful resource!

[Were You Aware 2012 Recap](#)

Maintaining a Patient-Safe Environment

According to the Centers for Disease Control and Prevention, one out of twenty hospitalized patients will have a hospital-acquired infection. The estimated financial impact on US hospitals ranges from \$28 billion to \$45 billion (with a "b") dollars annually! The link between appropriate maintenance of the physical environment and the provision of clinical care is key to infection prevention. Join our March 19th webinar to learn how to integrate environmental and infection prevention rounds and tracer activity and engage non-clinical and clinical staff in identifying and managing associated patient safety risks.

Contact us at (704) 573-4535 or info@courtemanche-assocs.com for more information!



Courtemanche & Associates
Charlotte, NC | Parsippany, NJ
Phone 704-573-4535 | Fax 704-573-4538
info@courtemanche-assocs.com | www.courtemanche-assocs.com