Letters to the Editor

Additional Pointers for Preparing for a JCAHO Inspection

To the Editor:

Inasmuch as our 228-bed community hospital was surveyed by JCAHO in April 1995 without recommendations for infection control, I would like to share that Dr. Nettleman's article gives an excellent overview of the survey process and offers some practical preparation strategies.

Having just "been there and done that," I would like to offer three additional pointers.

First, the Document Review Session that occurs on the first morning of the survey is a great opportunity for infection control to shine. To showcase our program, we created a binder that included (1) a narrative of the JCAHO Ishikawa Chart for Surveillance, Prevention, and Control of Infection that explained how each aspect of the chart was accomplished at our hospital; (2) infection control program goals and evaluations of goals since last survey; (3) key infection control policies and procedures that were annotated with JCAHO standards, eg, IC.l, IC.l.l, LD.2.1, etc; (4) results of direct observational studies of hospital staff compliance with handwashing and body substance isolation and outbreak investigations; (5) an educational activities summary including examples of our internal infection control newspaper and copies of overheads used for staff education regarding our bloodborne pathogens and tuberculosis exposure control plans; (6) examples of intradisciplinary communication; (7) committee minutes since our last survey; and (8) quality improvement activities.

Second, we recommend that you create and distribute a "JCAHO Preparation Sheet" throughout the organization (distribution means everything from paycheck inserts to posting in employee rest rooms). Include key employee responsibilities for infection control, such as the system of isolation, exposure control plan purposes and locations, barrier usage, management of waste, etc. Ideally, this should be done 4 to 6 weeks prior to the survey.

Third, conduct your own mock survey. We used name tags that said "JCAHO" and randomly asked staff questions that they could be asked by an actual surveyor. We emphasized that this mock process was educational and that wrong answers just showed where the opportunities for improvement lay. Initially, staff were hesitant to give an answer lest they be wrong; however, that soon changed to eagerness to show knowledge and competence. For maximum effectiveness, begin mock surveys 2 to 4 weeks prior to the survey and continue up to the first survey day.

I hope that these tidbits might be helpful to colleagues who have JCAHO surveys on the horizon.

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The author replies

We appreciate Ms. Parini's comments. Her letter underscores the need for preparation and planning prior to a visit from the Joint Commission on Accreditation of Healthcare Organizations. The specific preparatory actions taken by an infection control program will be a function of each hospital's structure and the existing infection control process. Ms. Parini gives some excellent suggestions. It is important to "showcase" success stories and to make certain that the surveyor is aware of significant infection control projects. Mock surveys can increase the confidence of the staff who are questioned during the actual visit.

Although intensive preparation in the few weeks just prior to the regulatory visit often is emphasized, it is important to note that most of the processes required by the Joint Commission are integral to an effective infection control program and should be in place already. The less "cramming" that is required, the better. Policies and procedures should be communicated effectively to healthcare personnel. This is true for all infection control programs, regardless of whether or not they expect a visit from a regulatory agency.

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Brita Water Filters Contaminated

To the Editor:

Brita Baby Water Filters (Brita Wasser-Filter-Systeme GmbH, Taunusstein, Germany) were marketed in Germany in 1993. It was discovered that some of these filters were contaminated heavily with molds, fungi, and various gram-negative bacteria, including *Enterobacter cloacae, Pseudomonas,* and *Aeromonas* species. Brita Baby Water Filters were withdrawn from the German market in 1994, but other styles of Brita filters remained on the market.

We then purchased and tested nine new Brita water filters of a style still marketed worldwide, including the United States and Canada. Five of the filters we tested were contaminated, one with 2,000 molds per filter.

We also used four of these Brita water filters, according to the manu-

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