



Healthcare Quality Reporting Program

HOSPITAL-ACQUIRED INFECTIONS SUBCOMMITTEE
Ad hoc Meeting

12-1pm, September 22, 2015
Healthcentric Advisors, 235 Promenade Street, Suite 500

1. Welcome & today's meeting objectives (12pm)

- Meeting chairs: L. Mermel, S. Viner-Brown
- Program staff: E. Cooper, V. Carroll
- Voting members in attendance (2/19):, R. Neale, M. Marsella
- Members in attendance: D. Lewis, A. Mihalakos, J. Reppucci

2. HCQP Hand Hygiene Policy (12:05pm)

○ *Steering Committee recommendation*

Emily noted that at the July Steering Committee meeting Dr. Alexander-Scott had stated she supports the Steering Committee's proposal to move from a hand hygiene observation program to a hand hygiene policy for hospitals. This policy would allow us to monitor hand hygiene and related health outcomes while not creating an undue burden on the hospitals. Dr. Alexander-Scott said that if the program develops a policy, then she would endorse it.

○ *Discussion*

Dr. Mermel began the discussion by reviewing the challenges of hand hygiene monitoring, including that results can vary depending on the observer, the shift and if the employee knows they are being observed. Additionally, there is not always adequate IT support to handle data entry.

Emily explained that the goal of this policy is to clarify standards and expectations for hospitals in the state and to highlight the Department of Health's commitment to hand hygiene as an important element of infection prevention. In creating this policy we want to acknowledge the work that the hospitals are doing in this area. Recognizing that the hospitals already have programs and policies in place, and so as to not create an undue burden on the hospitals, this policy will focus on the elements the Department of Health expects to be included in the hospitals programs and policies.

• *Elements of the policy*

The group discussed using the Joint Commission's National Patient Safety Goals for hand hygiene, which include using either the CDC or WHO hand hygiene guidelines, setting goals for improving hand hygiene and using those goals to improve hand hygiene, as a framework for our expectations. The group discussed the following elements that they felt should be included in hospitals' hand hygiene policies.



Monitoring – Monitoring should be done in multiple locations throughout the hospital, should be done during more than one shift and should include different healthcare worker groups (e.g., nurses, physicians, allied health professionals)

Corrective Action Plan – Hospital policies should include a corrective action plan for individual non-compliance

Audit and Feedback – Results of monitoring and related infection rates should be shared with all healthcare workers, leadership and infection prevention staff

Education – Hand hygiene education should be required for all health care workers on hire, during initial credentialing or at assignment

Goals – All hospitals should have clearly defined goals for improving hand hygiene that are assessed annually and that demonstrate progressive improvement

The group also discussed how this program could monitor compliance with this policy and maintain oversight of hospital hand hygiene programs without creating an undue burden on facilities or collecting unnecessary data. One thought was that the program would request that the hospitals share their goals with the Healthcare Quality Reporting Program, and report on an annual basis if they had met them. This information could be reported publically to meet the legislative requirement of this program.

Due to low attendance at this meeting we will be returning to this topic at our next meeting.

- *Policy review process*

The group discussed who at the hospitals would need to review this policy before it is adopted by the health department. Those in attendance agreed that the hospital infection preventionists would be the appropriate people to review the policy. As the policy is drafted it will be shared with the infection preventionists for their input.

The group also discussed having hospital leadership sign an agreement to comply with the policy. This would support hospital buy-in and would ensure that hospital leadership is aware of the expectations the Department of Health has for infection prevention in hospitals.

It was suggested that the final policy could be sent to hospital leadership with a cover letter from Dr. Alexander-Scott outlining the Department's commitment to hand hygiene and the importance of ensuring that hospitals have adequate resources to meet the Department's expectations.

3. Action Items

- Create initial draft and send to HAI Subcommittee for review (Emily)

Next Meeting: October 19, 2015 from 8-9am (regular meeting)