



Healthcare Quality Reporting Program

STEERING COMMITTEE

11/9/15, 3:05-4:05pm

Department of Health, **Room 302**

1. Welcome & meeting objectives (3:05pm)

Nicole Alexander-Scott, MD, MPH

2. Review previous action items (3:15pm)

- Work on program policy for hand hygiene with HAI SC and Steering Committee (Program staff)
- Share HIT analysis upon completion (Emily)

3. Hand Hygiene Agreement (3:20pm)

- Review draft agreement (handout)
- Discussion:
 - Are the requirements aligned with the program's legislative mandate?
 - Will this agreement help support the work of this program and of the department?
- Next steps

4. Program Updates (3:40pm)

- 2016 HIT Survey
- Nursing Home Satisfaction Survey

5. Open forum (3:55pm)

- Action items

Next meeting: TBD, January 2016



Healthcare Quality Reporting Program

HAND HYGIENE AGREEMENT

2015

Hospital Hand Hygiene Policy Elements

All acute-care hospital hand hygiene policies must meet, at a minimum, the National Patient Safety Goals for hand hygiene as determined by the Joint Commission ([NPSG.07.01.01](#)¹); including following the guidelines of either the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO), setting goals for improving hand hygiene and using those goals to improve hand cleaning. Further, all policies must include:

Audits

Monitoring should be done in multiple locations throughout the hospital, including surgical services and specialty departments, 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 hand hygiene policies should include a corrective action plan for individual non-compliance among employed and non-employed healthcare workers

Audit and Feedback

Results of audits 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 aim for demonstrating progressive improvement

¹ Joint Commission, 2015 Hospital National Patient Safety Goals.
http://www.jointcommission.org/assets/1/6/2015_HAP_NPSG_ER.pdf Accessed September 30, 2015.

Hospital Reporting Requirements

Policy Elements

Hospitals are required to attest on an annual basis that their policies meet these requirements. These attestations are to be made to the Healthcare Quality Reporting Program. This program maintains the right to require hospitals to submit proof of compliance in the form of up-to-date documentation of hospital policies. This program also reserves the right to publicly report whether hospitals have met these requirements.

Hospital Goals

On an annual basis, hospitals are required to submit documentation of their hand hygiene goal(s) and their plan for meeting their goal(s). At this time hospitals will also be required to attest to whether their goals from the previous year have been met. Hospitals that have not met their stated goal(s) will be required to submit to the Healthcare Quality Reporting Program data related to the stated goal(s) and possible reasons for not meeting the goal(s).

Hospital Deficiencies

Hospitals are required to submit to the Healthcare Quality Reporting Program any deficiencies related to hand hygiene that they have received from either the CDC or Joint Commission. They are also required to submit to this program documentation of any mitigation plan developed related to that deficiency. This information will not be publically reported.

Public Reporting

This program reserves the right to publicly report on an annual basis whether hospitals have met the terms of this agreement. The design of this report will be determined by the appropriate committees of the Healthcare Quality Reporting Program.

Hospital Acknowledgement

I, _____, as Chief Executive Officer for
_____ acknowledge the above requirements and agree
to support my facility's staff and healthcare workers in meeting these requirements.

Signature

Date

I, _____, as Chief of Medical Staff for
_____ acknowledge the above requirements and agree
to support my facility's staff and healthcare workers in meeting these requirements.

Signature

Date