



Healthcare Quality Reports
HOSPITAL HAND HYGIENE
 Methods

The hand hygiene compliance measures are [reported on the Department of Health’s \(HEALTH’s\) Web site](#) as part of the HCQP Program’s Hospital-Acquired Infections work. This information provides additional details about the measures, including their data source, how they are calculated, and why each is important. These measures are process measures. Process measures look at *how* hospitals work. The goal is for every hospital to have a ‘Yes’ for all seven measures.

Measure Information

Topic	What is measured?
Policy Elements	The Department of Health identified five key elements that should be included in a hospital’s Hand Hygiene Policy. Hospitals are asked whether these elements are present in their Hand Hygiene Policy. <i>This report states whether the elements are present in the hospital’s Hand Hygiene Policy [Yes/No].</i>
1. Audits	Monitoring should be done in multiple locations throughout the hospital, including perioperative 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)
2. Corrective Action Plan	Hospital hand hygiene policies should include a corrective action plan for individual non-compliance among employed and non-employed healthcare workers
3. Audit and Feedback	Results of audits should be shared with all healthcare workers, leadership and infection prevention staff
4. Education	Hand hygiene education should be required for all health care workers on hire, during initial credentialing or at assignment
5. Goals	Process for developing, and tracking progress towards, clearly defined goals for improving hand hygiene
Information Reported to the Department of Health	Having certain information about hospitals’ work to improve and/or maintain high standards of hand hygiene helps the Department of Health monitor the care being provided by hospitals in Rhode Island. Hospitals are asked to share certain information with the Department of Health. <i>This report states whether the hospital submitted the requested information to the Department of Health [Yes/No].</i>

Topic	What is measured?
Hand Hygiene Goals	<p>On an annual basis, hospitals are required to submit documentation of their hand hygiene goal(s) and their plan for meeting their goal(s), including a targeted completion date. Hand hygiene goals should be assessed regularly and demonstrate progressive improvement. At this time hospitals will also be required to attest to whether their previously submitted goals 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), possible reasons for not meeting the goal(s) and plans for meeting the stated goal(s) in the future.</p> <p><i>Information about individual hospital goals and progress towards meeting goals is not included in this report. This report only states whether an individual hospital has submitted the above information, as applicable, to the Department of Health.</i></p>
Hand Hygiene-related Deficiencies	<p>Hospitals are required to submit to the Healthcare Quality Reporting Program any deficiencies related to hand hygiene that they have received from either the Center for Medicare and Medicaid Services (CMS) or Joint Commission. Hospitals are also required to submit to this program any mitigation plan developed related to that deficiency.</p> <p><i>Information about individual hospital deficiencies is not included in this report. This report only states whether an individual hospital has submitted the above information, as applicable, to the Department of Health.</i></p>

Definitions

Key Term/Phrase	Definition
Hand hygiene	<ul style="list-style-type: none"> ▪ A general term that applies to cleaning hands with soap and water or using an antiseptic (e.g., alcohol) hand rub, gel, or foam (i.e., hand sanitizer).
Monitoring hand hygiene	<ul style="list-style-type: none"> ▪ The act of using collected data to look at how a hospital’s compliance rate changes over time (e.g., looking at trends). ▪ May be part of a program or quality improvement initiative to improve the hospital’s hand hygiene compliance.

Data Source

The hand hygiene compliance measures are calculated based on information collected each year from hospitals in Rhode Island. Hospitals answer the following questions:

1a. Does your hospital’s Hand Hygiene Policy contain the following elements?

<i>Policy Element</i>	<i>Yes</i>	<i>No</i>
Audits	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action Plan	<input type="checkbox"/>	<input type="checkbox"/>
Audit and Feedback	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Goals	<input type="checkbox"/>	<input type="checkbox"/>

1b. Does your hospital adhere to hand hygiene guidelines of the The Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO)?

- The Centers for Disease Control and Prevention (CDC)
- World Health Organization (WHO)

2a. Does your hospital have written goals for hand hygiene for 2016?

- Yes
- No

2b. If yes, please list your hospital’s goals for hand hygiene for 2016, including targeted completion dates. Fill out as many as applicable. If your hospital has additional hand hygiene goals, please include on a separate page.

Goal 1: _____

Goal 2: _____

Goal 3: _____

3. Did your hospital receive any deficiencies related to hand hygiene from either The Joint Commission or the Centers for Medicare and Medicaid Services (CMS) during your most recent survey?

- Yes
- No

If yes, please attach the associated mitigation plans as submitted to the organization that found the deficiency.