



Healthcare Quality Reporting Program

**HAND HYGIENE AGREEMENT**

2016

**Hospital Hand Hygiene Policy Elements**

All acute-care hospital hand hygiene policies should meet, at a minimum, the National Patient Safety Goals for hand hygiene as determined by the Joint Commission ([NPSG.07.01.01<sup>1</sup>](#)); 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 should include:

*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)

*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*

Process for developing, and tracking progress towards, clearly defined goals for improving hand hygiene

**Hospital Reporting Requirements**

The information outlined below must be reported to the Healthcare Quality Reporting Program on an annual basis. Hospitals will be provided with a link to submit this information

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<sup>1</sup> Joint Commission, 2015 Hospital National Patient Safety Goals.  
[http://www.jointcommission.org/assets/1/6/2015\\_HAP\\_NPSG\\_ER.pdf](http://www.jointcommission.org/assets/1/6/2015_HAP_NPSG_ER.pdf) Accessed September 30, 2015.

electronically. Hospitals are also required to submit a copy of this document, signed by their Chief Operating Officer and Chief of Medical Staff to the address provided.

#### *Policy Elements*

Hospitals are required to attest on an annual basis whether their policies contain the suggested elements. 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.

#### *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), 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.

#### *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 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.

### **Public Reporting**

This program reserves the right to publicly report on an annual basis the following information:

- ❖ Which of the suggested policy elements are included in a hospital's hand hygiene policy
- ❖ Whether a hospital has submitted the required information about their hand hygiene goals
- ❖ Whether a hospital has submitted the required information about their hand hygiene related deficiencies, and if a mitigation plan has been developed

The design of this report will be determined by the appropriate committees of the Healthcare Quality Reporting Program and will be made publically available on the Department of Health website.

### **2016 Hospital Questionnaire and Acknowledgement**

As an acknowledgement of this document and its contents, Hospital CEOs, Hospital Chiefs of Medical Staff and Hospital Chief Nursing Officers are required to complete the following questionnaire and sign below. By signing this document the aforementioned individuals are also attesting that they have discussed this document with a representative from their hospital's Infection Prevention team and that the information provided is accurate.

**2016 Hand Hygiene Agreement Questionnaire**

**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.*

**2016 Hospital Acknowledgment**

I, \_\_\_\_\_, as **Chief Executive Officer** for  
(Please print name)  
\_\_\_\_\_ acknowledge the above requirements and agree  
(Please print hospital name)  
to support my facility’s Infection Prevention team, staff and healthcare workers in meeting these requirements.

\_\_\_\_\_  
Signature Date

I, \_\_\_\_\_, as **Chief of Medical Staff** for  
(Please print name)  
\_\_\_\_\_ acknowledge the above requirements and agree  
(Please print hospital name)  
to support my facility’s Infection Prevention team, staff and healthcare workers in meeting these requirements.

\_\_\_\_\_  
Signature Date

I, \_\_\_\_\_, as **Chief Nursing Officer** for  
(Please print name)  
\_\_\_\_\_ acknowledge the above requirements and agree  
(Please print hospital name)  
to support my facility’s Infection Prevention team, staff and healthcare workers in meeting these requirements.

\_\_\_\_\_  
Signature Date

**Please sign this document and return to:**  
Rhode Island Department of Health  
Center for Health Data and Analysis  
c/o Samara Viner-Brown  
3 Capitol Hill  
Providence, RI 02908