



## Health-care associated infections

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### **Q. What is the purpose of the Joint Commission (JC) standard on reducing the risk of healthcare-associated infections?**

**A.** The purpose of this standard is to decrease the number of healthcare-associated infections by requiring hospitals to implement hand hygiene practices known to decrease the rates of these infections as outlined in the Center for Disease Control's (CDC) 2002 Hand Hygiene Guidelines. This standard also requires hospitals to manage as sentinel events all unanticipated death or major permanent loss of function associated with an infection to determine how these events may be prevented.

### **Q. How does the MGH meet this standard?**

**A.** The MGH has an active hand hygiene program and hand hygiene policies that are consistent with the CDC guidelines. In addition, healthcare-associated infections that result in unanticipated death or major permanent loss of function are investigated by service quality assessment committees and the Infection Control Unit.

### **Q. What do the CDC guidelines recommend?**

**A.** The guidelines recommend the following:

- Use of an alcohol-based, waterless product to decontaminate hands before and after patient contact and contact with the patient's environment. Cal Stat is the product used at the MGH.
- Wash hands with soap and water when visibly soiled, after using the bathroom and before eating, and after contact with patients with *Clostridium difficile*. Use alcohol rub after hands are dry.
- Apply hospital-provided skin cream at least twice per shift to promote good skin integrity.
- Do not wear artificial fingernails or nail jewelry.
- Keep nails less than 1/4 long.
- If polish is worn, it should not be chipped.
- Monitor compliance with hand hygiene practice.
- Provide feedback to staff on compliance rates.
- Educate staff about correct hand hygiene practice.

### **Q. How does the MGH demonstrate compliance with Joint Commission requirements?**

**A.** The following components of the hand hygiene program demonstrate compliance:

- Use of Cal Stat as the primary means of hand hygiene.
- Staff education about hand hygiene during orientation and as part of annual training.
- Regularly scheduled monitoring of compliance.
- Unit-based reporting of compliance rates.
- Poster campaigns to promote awareness.
- Identification of hand hygiene "champions" to promote hand hygiene.
- Dedication of staff and resources to the program.
- Implementation of a policy prohibiting artificial fingernails for direct care providers and others in high-risk positions.
- Installation of product dispensers in clinical areas.

### **Q. Who is responsible for ensuring that the MGH is compliant with this requirement?**

**A.** The Infection Control Unit (ICU), in collaboration with the multidisciplinary STOP (Stop Transmission of Pathogens) Task Force, oversees the MGH hand hygiene program. Compliance with MGH hand hygiene policies, including adherence to the MGH fingernail policy, is the responsibility of every employee who has contact with a patient or patient's environment.

### **Q. How does the Joint Commission review MGH compliance with hand hygiene?**

**A.** Surveyors will review hand hygiene policies and observe hand hygiene practice and adherence to the fingernail policy when they visit patient care areas.

### **Q. How will the JC's review of the MGH's compliance affect the typical MGH employee?**

**A.** Staff may be asked about the hand hygiene policy and they will be observed by surveyors. Two or more observed failures to perform hand hygiene will result in a citation.